# EXHIBIT 25



ROUTE TO: D Physician O Office Manager O Oncology Nurse D Pharmacist O Business Office 

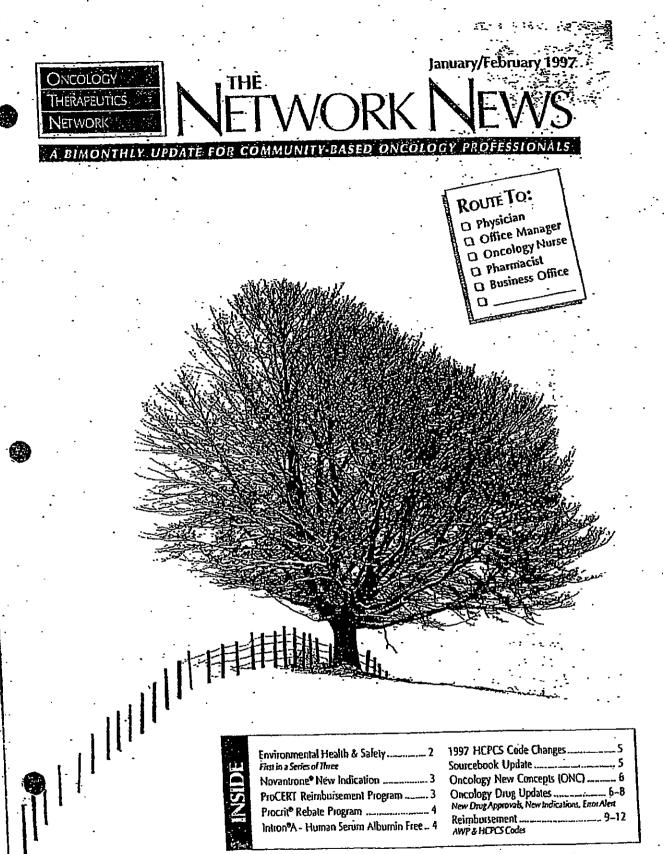
First in a Series of Three Novantrone® New Indication \_\_\_\_\_\_3 ProCERT Reimbursement Program ....... 3 Procrit<sup>®</sup> Rebate Program .......4 Intron<sup>o</sup>A - Human Serum Albumin Free.. 4

1997 HCPCS Code Changes Sourcebook Update ..... Oncology New Concepts (ONL Oncology Drug Updates ...
New Drug Appiovals, New Indicases Reimbursement... AWP & HCPCS Codes

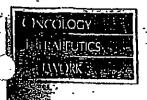
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BP 01014



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OSHA Instruction

-September 22, 1995,

Office of Science

and Technology

Assessment.

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## HEALTH AND SAFETY ADVICE ON HANDLING ONCOLOGY PRODUCTS

FIRST IN A SERIES OF THREE

ncology Therapeutics Network (OʻİNİ) is committed to providing Information on the safe handling of the products that we sell. As an added value to our customers, OTN will be addressing health and safety issues in this and luture publications of *The Network News*. The first, and two subsequent articles, will highlight key information outlined in OSHA's Controlling Occupational Exposure to Hazardous Drugs.

Healthcare employees need to recognize that there are several pharmaceuticals that pose an occupational risk through acute and chronic exposure. It would be shortsighted of any healthcare worker to be mindful only of drugs used to treat cancer. There are four drug characteristics, each of which should be considered hazardous:

- > Genotoxicity
- ➤ Carcinogenicity
- > Teratogenicity or lertility impairment
- Serious organ or other toxic manifestation at low doses in experimental animals or treated patients

Also, investigational drugs need to be treated as hazardous until information is provided which may relax certain procedures and protective measures.

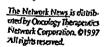
Healthcare workers need to first understand how exposure may occur before they can take appropriate actions to prevent exposure to hazardous drugs. The main routes of exposure are: inhalation of aerosols or dust, absorption through the skin, and ingestion. Exposure to the eyes and injection (accidental needle sticks) may also occus, but to a lesser extent. To minimize exposure, it is recommended to prepare all hazardous drugs in a Class II or Class III biological safety cabinet (BSC), never in a laminar-flow hood. Smoking, drinking, applying cosmetics, and eating where these drugs are prepared, stored, or used also increase the chances of exposure.

A written Hazardous Drug Safety and Health Plan should be developed and maintained in every work place that uses hazardous drugs. The plan

would aid in protecting employees from health hazards associated with hazardous drugs and in keeping exposures as low as reasonably achievable. The plan should be readily available for all employees: permanent, temporary, contractors, and trainees. The plan should include, as a minimum, the following elements and indicate specific measures the employer is taking to ensure employee protection:

- Standard operating procedures for workers who handle hazardous drugs
- Decontamination procedures
- > Designation of hazardous drug handling areas
- Criteria to determine and implement controlmeasures to reduce employee exposure
- Use of containment devices such as biological safety cabinets
- Inspection and maintenance of control systems, to ensure that protective equipment functions properly
- Procedures for safe removal of contaminated waste
- > Provision for information and training
- Identification of extenuating circumstances that require special approval
- > Provision for medical examinations
- Designation of a Hazardous Drug Officer and establishment of a Hazardous Drug Committee
- Review and reevaluation of the plan for effectiveness, at least annually

The next article in the series will address safe work habits, biological safety cabinets, and personal protective equipment. It is important to follow health and safety requirements and regulations as specified by the manufacturer of the products, your employers, and local, state, and federal governments. Call OTN if you would like to receive a copy of the OSHA document that is referenced throughout this article.



The articles in this newsletter are not intended to serve as rolles and policies for nedical practice. Frimary references should be consulted. The reades is encouraged to review, the manufacturer's package insert where applicable.

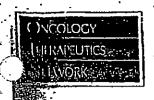
Comments and suggestions are welcome. Address them to: Mary Wolsh, Editor, The Network News; Oncology Thruspeutics Network; 395 Oyster Poiss Bird, Soile 405, Sooth Sanfranisco, CA94080.





JANUARY/FEBRUARY 1997 - THENETWORK TELE 1800-482-6700, FAX:1-800-5673

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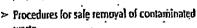
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OSHA Instruction TED 1.15, September 22, 1995, Office of Science and Technology Assessment

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Comments and suggestions are welcome. Address them to: Mary Walsh, Editor. The Network News; Oncology Therapeutics Network; 395 Oyster Point Bird. Suite 405; South San Francisco, CA94090.

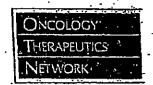
Printed on recycled paper.

ISSULABOUGEDBUILABOUADOZ & TURNUENUMBIK TELCLERIN-ARZ-EZRO: FAX:1-800-900-9673

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## MPTOXANTRONE For Injection Concentrate



## Shown to Relieve the Pain of Advanced Hormone-Refractory Prostate Cancer (HRPC)

### INDICATIONS AND USAGE:

Novantrone (mitoxantrone for injection concentrate) in combination with corticosteroids is indicated as initial chemotherapy for the treatment of patients with pain related to advanced hormone-refractory prostate cancer. Novantrone in combination with other approved drugts) is also indicated in the initial therapy of acute nonlymphocytic leukemia (ANLL) in adults. Please refer to full prescribing information.

## DOSAGE AND ADMINISTRATION: (HORMONE-REFRACTORY PROSTATE CANCER)

Based on data from two phase III comparative trials of Novantrone plus corticosteroids versus corticosteroids alone, the recommended dosage of Novantrone is 12 to 14 mg/m² given as a short intravenous infusion every 21 days.

Contact your Network Representative for current pricing information, QTN is an authorized wholesaler in the Immunex Volume Purchase Agreement (VPA) Program.

	·
PRODUCT SUPPORT:	
Novantrone Reimbursement Hotline:	
Medical Information:	1-800-466-8639 :
Code:	
ICD-9 Code (HRPC):	

Catalog	NDC	Hem	<u> บกใเรียะ</u>
902-200	· 58406-0640-03	Novantione (2 mg/mL)	20 mg MDV
9D2-210	58406-0640-05	Novantione (2 mg/ml)	25 mg MDV
902-220	58406-0640-07	Novantione (2 mg/ml)	30 mg MDV
701-110	20 100 00 10 07		

Price Match

OTN will match any documented offer for Novantrone 20 mg, 25 mg, and 30 mg multidose vials. Simply call with the special offer quoted from another supplier, and we will honor that price immediately.



## A REIMBURSEMENT GUARANTEE PROGRAM

BRISTOL-MYERS SQUIBB
Oncology

btaining reimbursement for chemotherapy drugs is often a time-consuming and laborious task. To assist your practice in this area, Bristol-Myers Squibb Oncology (BMSO) has developed a preauthorization service that is available free of charge called ProCERT.

ProcERT is currently available for TAXOL® (paclitaxel) and any other BMSO product that is a part of the TAXOL regimen.

### The service includes:

- Assistance to physicians in offering TAXOL (paclitaxel) injection treatment to their candidate patients
- Free drug replacement guarantee for qualifying unreimbursed claims
- > Reduction of linancial risk for the physician and patient

For more information, call ProCERT toll-free at 1-888-ProCERT (888-776-2378) from 8:00 am to 5:00 pm Central Time, Monday-Friday or contact your Bristol-Myers Squibb Representative.

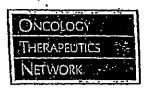
THE NETWORK TEL-1-000-482-6700 FAX:1-800:890-5673; F. JANUARY/FEBRUARY.1997.

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**BP 01018** 



# MOVALTIRONE For Injection Concentrate



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Based on data from two phase III comparative trials of Novanirone plus corticosteroids versus conticosteroids alone, the recommended dosage of Novanirone is 12 to 14 mg/m² given as a short intravenous infusion every 21 days.

Contact your Network Representative for current pricing information. OTN is an authorized wholesaler in the Immunex Volume Purchase Agreement (VPA) Program.

PRODUCT SUPPORT:	
Novantrone Reimbursement Hotline:	1-800-321-4669
Medical Information:	1-800-466-8639
] Code:	19293 per 5 mg
ICD-9 Code (HRPC):	

Catalog	NDC .	llem	Unit Size
902-206	5B406-0640-03	Novanirone (2 mg/ml)	20 mg MDV
902-270	SB405-0640-05	Novantrone (2 mg/ml)	25 mg MDV
902-320	58406-0640-07 ·	Novanirone (2 mg/mL)	30 mg MDV
70-340	JUNDA-00-10-07	1,0,0,0,0,0	

Price Match

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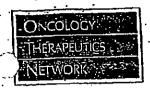
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For more information,
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Squibb Representative.

THENETWORK TEL: 1-800 482-6700 FAX: 1-800-600-5673 . [ANUARY/FEBRUARY 1997]

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BP 01019



New From Schering!

## HSA-FREE INTRON® A (Interferon Alfa-2b, recombinant) PRODUCT LINE NO LONGER CONTAINS HUMAN SERUM ALBUMIN

- ✓ Elimination of HSA provides a purer solution—a purer interferon
- ✓ Equivalent potency of original formulation
- ✓ New packaging is easier to store
- ✓ Greater ease of administration; less injection volume for some sizes

### MORE ABOUT TECHNICAL DIFFERENCES...

Effective February 1, 1997, the Intron A premixed solution formulations will no longer contain human serum albumin. Only the 18 MIU and 50 MIU lyophilized powder presentations will

continue to be available in the original formulation; all other powder presentations will be phased out.

OTN will ship the new latron A HSA-free products once inventory of the original formulation is depleted.

### NEW PACKAGES. . HSA-FREE SOLUTIONS

IAFALLYC		TALE OCCUPIEN	Size	Ordei Qiy	Shell Life
New Cal	MDC .	<u>Ren</u>	3 MJU/0.5 mL	6	18 months
220-15)	0085-1184-01	Intron Asolution	5 MTU/0.5 mL	6	1B months
<u>220-151</u>	0085-1191-01	înîron Asolution	10 MIU/I mL	6	1B months
220-171	0085-1179-01	ปกากก A solution	. 18 MIUMDY		24 months
220-191	0085-1168-01	intron A solution	25 MIU MDV	- 5	24 months
220-194	00RS-1133-01	Initon A solution	73 MID WOY	<u>*</u>	

### NOW PACKAGES . HISA-FREE SOLUTION PAKS.

I JEAN T WCL		h	Size ·	Order Oly	Shelf Life
New Cal	NDC	_Bem	3 MIU. Pak 3	1	18 months
220-155	TO BE DETERMINED	Intron A solution		<del></del>	18 months
220-166 .	TO BE DETERMENTED	Intron A solution	5 MIU. Pak 5	<del></del>	
22B-124	TO BE DETERMENTED .	lovon A solülion	10 MIU, Pak 10	1	18 months

<sup>\*</sup>Paks include six vials, slx syringes, and slx alcohol swabs

### LYOPHILIZED POWDER ORIGINAL FORMULATION

		ten	5ae	Order Qiy	2)VEU TUE
Cal	NDC		18 MIU		36 months
220-186	0085-1110-01	Intron A powder		<del></del>	24 months
220-180 -	0085-0539-01	лиол <b>у</b> Бомда	SD MIU		Z4 qronus

<sup>\*</sup>Powders include one vial of diluent.

## PROCRIT<sup>®</sup> PHYSICIAN REBATE PROGRAM EXTENDED THROUGH MARCH 1997

## Price Match

-New for 1997:Novantrone®

Zofran<sup>a</sup>
Neupogen<sup>a</sup>
Kytril<sup>to</sup>
Intron<sup>a</sup>
A
Procrit<sup>a</sup>
Doxorubicin
200 mg

rho Biotech has extended the Procrit Rebate Program for physician practices through March 31, 1997. Rebates amounts will remain the same at 8% with Usage Guidelines Certification or 6% without. OTN provides the added convenience of offering the rebate directly off your invoice amount to

eliminate the paperwork and time delay in claiming the rebate for your practice.

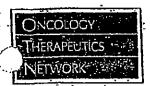
Remember, OTN will match any documented offer for Procrit. Prices to be matched should be requested at the time the order is placed. Prices will be matched for the term of the competitor's offer.

	e a s	福能	PARTIE .	1 Additional 2 Guideline Rebate	ymicare in	Elmont Procedunt
Proced 10	1.000 units/ml	P Varontá-:-	\$5.70	\$1.90	\$94.00	\$92.00
	),000 unils/ml	25 .	\$5.70	\$1.90	\$94.00	\$92.00 \$182.50
	.000 units/2 ml	6	511.40	<u> </u>	\$186,25	3102.30



JANUARY/FEBRUARY 1997 THENETYORK TEL: 1-800-482-6700 FAX: 1-600-000-5673

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### New Packages . HSA-Free Solutions

	* *****					
,	New Cal # .	NDC ·	lten	- Size	Order Qty	Shelf Life
	220-151	0085-1184-01	Intron A solution	3 MIU/D.5 mL	6	18 months
	220-161	0035-1191-01	Intron A solution	5 MIU/0.5 mL -	6	18 months
	220-171	0085-1179-01	hitton A solution	10 MIU/1 mL	6	18 months
	220-191	0085-1168-01	Intron A solution	18 MIU MDY	6	24 months
	220-194	0085-1133-01	Intron A solution	25 MIU MDV	ь	24 months

### NEW PACKAGES . HSA-FREE SOLUTION PAKS

New Cal	NDC	· Item	Stze	Order Qiy	Shelf Life .
270-156	. TO BE DESIGNATED	noiluíos A contal	3 MIU. Pak3	. 1	18 months
220-165	TO BE DETERMENTO	Intron A solution	5 MIU, Pak5	1	18 months
220-174	TO BE DETERMINED	Intron A solution	10 MIU, Pak 10	1 -	18 months

<sup>\*</sup>Paks include six vials, six syringes, and six alcohol swabs -

### LYOPHILIZED POWDER ORIGINAL FORMULATION

Car.#	NDC	ltem -	Sīze -	<u> செ</u> ப்பட்ட குடி	ShellLife	_
220-186	0085-1110-01	Intron A powder	18 MIU	6	36 months	_
220-180	0085-0539-01	Intron A powder	50 MIU	. Б	24 months	_

<sup>\*</sup>Powders include one vial of diluent.

## PROCRIT® PHYSICIAN REBATE PROGRAM EXTENDED THROUGH MARCH 1997

## New for 1997:

Price Match

Zoiran<sup>a</sup>
Neupogen<sup>a</sup>
Kytril<sup>im</sup>
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	ં ઉઠક Rem <sup>ાર</sup>	Unit Size	Ĝ të		Additional 230	with the sale	William Color
•	Proceid	10,000 units/mL	P P	\$5.70	\$1.90	\$94.00	\$92.00
	Procell	10,000 units/ml	25_	\$5.70	\$1.90	\$94.0D	<u> </u>
'	Procrit	20.000 units/2 ml	Ь	\$11.40	\$3.80	\$186.25	5182.50



4 3000 THENETWORK TEL:1-800-492-6700 FAX:1-809-809-5673

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BP 01021

## HCPCS CODE CHANGES FOR 1997

Oncology Therapeutics Network

he HCFA Common Procedure Coding
System (HCPCS) Editorial Panel recently
announced coding changes effective for
Medicare claims beginning January 1, 1997.
Services provided on or after January 1, 1997,
should be filed using the 1997 codes. Services
rendered in 1996 should continue to be billed with
the 1996 codes. HCFA has granted a 90-day grace

period to allow physicians to incorporate the changes into their practices. The 1997 charges received prior to April 1, 1997, may be filed with either the 1996 or 1997 codes.

Specific questions about these codes and requests for a complete list of code changes should be directed to your Medicare carrier.

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			BILLING	PRODUCT
	NEW	DETELED	UNITS	Drugs for treatment & supportive care of cancer patients:
>	- 11190		per 250 mg	Injection, dexrazoxane hydrochloride
	J1645		per 2500 1U	- Injection, dalteparin sodium
	J2820		per 50 mcg	Injection, GM-CSF (change in billing units)
	12597		per 1 mcg	Injection, Desmopressin Acetate (change in billing units)
	. 17310	•		Ganciclovit, 4.5 mg, long-acting implant
	K0453		per 50 mg	Injection, ampholericin B
	Q0156	•		. Infusion, albumin (human), 5%, 500 mL
	Q0157			Infusion, albumin (human), 25%, 50 mL
		J7140 ·		Prescription drug, oral, dispensed in a physician's office
		J7150		Prescription drug, oral chemotherapy for malignant disease
		J7502	per-250 mg	Cyclosporine, parenteral, amp, IV
		)901D	per 50 mg	Doxorubicin hydrochloride

How do I file claims for doxorubicin hydrochloride in 1997 now that code J9010 is deleted?

To file claims for doxorubicin hydrochloride, use code J9000 for all sizes.
Billing units are per 10 mg.

## SOURCEBOOK UPDATE • FALL/WINTER 1996-97 PRODUCT AND PRICING CHANGES

	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1				
901-100	Hexalen® -	. Altretamine, capsules	50 mg .	\$433.50	<b>A</b>
201-120	Taxotere®	Docetaxel for injection	20 mg	\$21 <u>5.25</u>	<u> </u>
201-180	Taxolere	Docetaxel for Injection	80 mg	5861.00	<u> </u>
230-050	Havrix®	Hepatitis A Vaccine, Inactivated (1440 ELU/mL)	I dose/ vial	\$57.25	<b>A</b>
847-010	Gammar* P	Immune Globalia IV, 5% pwd w/ IV set	l gm	\$32.00·	Vew .
941-100 941-105	infed" Dexierrom"	lon Destan (100 mg/2 ml.) Iron Destan (100 mg/2 ml.)		\$28.60 . \$28.60	Catalog •
802-035	Immunex	Metholiezate, powder	20 mg	\$12. <b>2</b> 5	
901-28D	Hycantin <sup>Til</sup> .	Topotecan HCL, lyoph pwd	4 mg	\$426,50	
202-500	Thioplex	Thiotepa, powder	15 mg	\$76,75	
920-400 920-410	NeuTredo <sup>na</sup> NeuTredo <sup>na</sup>	Trimetrexale Glocuronate, solution (x 25) Trimetrexale Glocuronate, solution (x 10)	25 mg 25 mg	\$50.25 \$58.50	<u> </u>

▲ Reflects a price increase ▼ Reflects a price decrease → Reflects a product description change

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New Zinecard<sup>3</sup> code approved!

	NEW	DELETED	BILLING UNITS	PRODUCT  Drugs for treatment & supportive care of cancer patients:
	-}1190		per 250 mg	injection, dexrazoxane hydrochloride
_	]1645		per 2500 IU	Injection, dalteparin sodium
•	J2820		per 50 mcg	Injection, GM-CSF (change in billing units)
•	J2597	<del></del> ;	per 1 mcg	Injection, Desmopressin Acetate (change in billing units)
•	J7310		. · · · · · · · · · · · · · · · · · · ·	Ganciclovir, 4.5 mg, long-acting implant
	K0453	<del>.</del>	per 50 mg	Injection, amphotericin B
	Q0156			Infusion, albumin (human), 5%, 500 mL
	Q0157			Infusion, albumin (human), 25%, 50 mL
	<u> </u>	17140	,	Prescription drug, oral, dispensed in a physician's office
		17150		Prescription drug, oral chemotherapy for malignant disease
		17502	per 250 mg	73.6
	<del></del>	19010	per 50 mg	Doxorubicin hydrochloride

How do I file claims for doxorubicin hydrochloride in 1997 now that code J9010 is deleted?

To file claims for doxorubicin hydrochloride, use code )9000 for all sizes. Billing units are per 10 mg.

## SOURCEROOK UPDATE - FALL/WINTER 1996-97 PRODUCT AND PRICING CHANGES

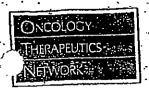
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		Altretamine, capsules	50 mg	\$433.50	
901-100	Hexalen	Docetaxel for Injection	20 mg	\$215.25	
201-120	Taxotere*	Docetaxel for Injection	BD mg	\$861.00 -	
201-180		Hepatitis A Vaccine, inactivated (1440 FLU/mL)	1 dose/ visi	\$57.25	
230-050	Havrix* Gammar* P	Immune Globolin IV, 5% pwd w/ IV set	1 gm	- \$32.00	New
941-100	InFed <sup>®</sup>	iron Dextran (100 mg/2 mL) Iron Dextran (100 mg/2 mL)		\$28.60 \$28.60	conection
941-105	Dexietrium*	Methotrexate, powder	20 mg	\$12.25	
802-035 901-280	Hycando <sup>114</sup>	Topotecan HCI, lyoph pwd	4 mg	\$426.50	
202-500	Thioplex*	Throteps, powder	. 15 mg	\$76.35	
920-400 920-410	New Ireas Into	Trimetrexale Glucuronate, solution (x 25) Trimetrexale Glucuronale, solution (x 10)	25 mg 25 mg	\$50.25 \$38.50	<u> </u>

▲ Reflects a price increase ▼ Reflects a price decrease • Reflects a product description change

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BP 01023



## NEW AUTHORS

## ONCOLOGY DRUG UPDATES

eginning with this issue, there is a welcome addition to The Network News editorial staff. Oncology New Concepts (ONC) will assume the role of writing and editing our Oncology Drug Updates section.

ONC is a unique new group specializing in oncology educational programs and services. ONC

incorporates practice diversity, clinical and administrative knowledge, and a wealth of experience in developing and delivering educational programs. ONC consists of 11 oncology pharmacy specialists who have joined together with a mission of providing educational experiences and training materials that promote success in oncology practices.

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Jane Pruemer, Pharm D. Oncology Chrical Pharmacy Specialist University of Cincinnali Hospital

Roweba Schwartz, Pharm. D. Coordinator, Pharmacy Programs University of Pittsburgh Cancer Institute

Jody Simon, M.S., R.Ph. Cortex Communications, Inc. Associate Member H. Lee Moffin Cancer Center & Research Institute



## Irinotecan (Camptosar, formerly CPT-11, Pharmacia & Upjohn)

Institute for Sale Medication Practices (ISMP)
has learned of several accidental overdoses of
Camptosal (irinotecan hydrochloride injection, CPT11) that have occurred since its launch in July 1996.
The tabeling for Camptosar, an antineoplastic agent,
features "20 mg/ml." In large letters. Some practitioners preparing doses have incorrectly assumed that
is the total amount of drug contained in the vial. The
vials contain 5 ml. or 100 mg, but the "5 ml." notation

appears in much smaller print. If your facility uses Camptosar, alert all individuals who prepare doses. In addition, affix auxiliary labels to each vial to clarify that they contain 100 mg, not 20 mg. Prepared doses of antineoplastics should be checked independently by at least two health professionals. Pharmacia and Upjohn, the manufacturer, is in the process of changing the label to read 100 mg/5 ml. This labeling should be available in the near future.

## FDA NEW DRUG APPROVALS

## Mitoxantrone (Novantrone, Immunex Corp.) for Hormone-Refractory Prostate Cancer

On Nov. 12, 1996, the FDA granted approval of miloxantrone for prostate cancer palients who have failed hormone therapy. Mitoxantrone in combination with corticosteriods is indicated as initial chemotherapy for the treatment of patients with pain related

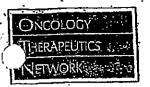
to advanced hormone-retractory prostate cancer Mitoxantione in combination with other approven drug(s) is also indicated in the initial therapy of acute nonlymphocytic leukemia (ANLL) in adults.

Please refer to full prescribing information.



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to advanced hormone-relactory prostate cancer.

Miloxantione in combination with other approved drug(s) is also indicated in the initial therapy of acute nonlymphocytic leukemia (ANAL) in adults.

Please refer to full prescribing information.

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**BP 01025** 

## ONCOLOGY THERAPEUTICS: ETWORK

## Amphotericin B Cholesteryl Sulfate Complex (Amphotec®, Sequus) for Invasive Aspergillosis

n November 1996, the FDA granted approval of amphotericin B cholesteryl sulfate complex (Amphotec) as therapy for invasive aspergillosis in patients where repail impairment or unacceptable toxicity precludes the use of amphotericin B deoxycholate in effective doses. Amphotec is also approved in patients with invasive aspergillosis where prior amphotesicin B deoxycholate therapy has failed. This approval was based on data from 5 non-comparative open label studies.

One hundred sixty-one patients with proven or probable asperpillus infections were treated with amphotenon B cholesteryl sulfaté complex. Identifiable reasons for use included failure in respond to amphotericin B deoxycholate (n = 49), development of nephrotoxicity while receiving amphotencian B deoxycholate (n = 62), preexisting renal impairment (n = 25), or other reasons not identified to = 25). The primary site of infection was the lung (73%), followed by the sinuses (9%).

The 49 patients who were enrolled because of failure to respond to standard amphotericin B were defined by their individual physician as being refractory based on overall clinical judgment after receiving either a minimum of 7 days of therapy or a minimum total dose of 15 mg/kg. Nephrotoxicity was defined by one of three ways: a serum creatinine that had doubled from baseline, an increase of  $\geq 1.5$  mg/d1, or on increase to > 2.0 mg/dL. Response rates utilized were defined previously by the Mycosis Study Group.

Fighty of the 161 patients were evaluable for response. The median daily dose was 4 mg/kg/day and the cumulative median dose was 6.3 g. There was a complete response in 9 patients and a partial response in 28 patients, for an overall response rate of 46% irefer to Table 1):

TARIF 1	RESPONSE RATES TO
	Aspergillus Infections

Parmer Group	Novem Teloto	Contribe Response	Partial Response.	TOTAL RESPONSE	RESPONSE .
Amphotericin B failure	28	3	9	12	43%
Nephrotoxicity:	36_	5	12	17_	47%
· Preexisting renal impairment	16	Ť	7	8	50% .
Total	80	9	28	37	46%

· Those patients who were treated with Amphotec where their serum creatinine was  $\geq 2.0$  mg/dL expérienced a decline in serum creatinine during treatment. This occurred in 12 to 20% of all users.

The recommended dose of Amphotec for both adults and children is 3-4 mg/kg/day. There is an allowance for a dose increase to 6 mg/kg/day in patients who do not improve or if there is evidence of progression of the Jungal infection. Amphatec is given as an intravenous infusion in 5% dextrose in water at a rate of 1 mg/kg/hour. The manufacturer recommends a test dose prior to the first therapeutic dose. In patients tolerating the infusion well, the infusion rate may be shortened to 2 hours. Approximately 35% of patients experienced infusion-related toxicities of chills and lever, usually with the first dose. This dropped to 14% by the seventh dose. Acute infusion-related reactions can be managed by prebealment with antihistamines and corticosteroids. Monitoring of renal and hepatic function and serum electrolytes is recommended.

A randomized study comparing Amphotec with amphotericin B deoxycholate for therapy of invasive aspergillosis is currently ongoing.

FDA NEW DRUG **APPROVALS** 

Amphotericin Products: A Safer

Alternative

Liposomal | toosomes are delivery vehicles which allow for the administration of agents to better target drug delivery. These are microvesicles consisting of water surrounded by bilayered phospholipid membranes. The biodegradable phospholipid molecules are made up of a hydrophilic head attached to a hydrophobic tail. When placed in water, they arrange themselves into bilayered membranes which ultimately form the microvesicles. It is possible to alter the size, charge, permeability, and even number of bilayered membranes in a liposome.

The pharmacokinetics and pharmacodynamics of liposomally-encapsulated drugs usually vary greatly from the poh-encapsulated drug. These differences have been utilized to Improve the therapeutic index of many drugs. It has been shown that drugs incorporated into liposomes are selectively taken up into the reticuloendothelial system and concentrated in the liver, spleen, lungs, and lymph nodes. In addition, monocytes and macrophages easily ingest liposomes, which may be advantageous in the management of various infections.

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10A BP 01026

## ONCOLOGY DRUG UPDATES



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## TABLE 1. RESPONSE RATES TO AMPHOTECTOR ASPERGILLUS INFECTIONS

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THENETWORK TEL: 1-600-482-6700 FAX: 1-800-800-5673 - JANUARY/FEBRUARY 1997

10A BP 01027



## NEW FDA INDICATION

## ONCOLOGY DRUG UPDATES

## Amphotericin B Lipid Complex Injection (Abelcet) The Liposome Component)

iposomal amphotericin B lipid complex (Abelcel\*)
was originally FDA-approved for the treatment of
aspergillosis in patients who are refractory to, or
intolerant of, conventional amphotericin B therapy, in
October 1996, the FDA approved the expansion of
the indication to include other fungal infections. Now,
Abelcet is indicated for the treatment of invasive
fungal infections in patients who are refractory to or
intolerant of conventional amphotericin therapy.

The new indication was based upon data involving 473 patients from three open-label studies. These patients had invasive fungal infections and were deemed by their physicians to be refractory to or Intolerant of conventional amphotericin B or had

preexisting nephrotoxicity. Refractory patients had received a minimum dose of 500 mg of amphotericin B. Nephrotoxicity was defined as a serum creatinine that had increased to ≥ 2.5 mg/dL in adults and > 1.5 mg/dL in children, or a creatinine clearance < 25 mg/min white receiving conventional amphotericin B.

Results of the trial were available for 202 evaluable patients (191 patients were excluded based upon unconfirmed diagnoses). The following types of fungal infections were identified and treated: aspergillosis (n = 111), cantidiasis (n = 87), zygomycosis (n = 25), cryptococcosis (n = 16), and lusariosis (n = 11). Some patients were successfully beated; however, overall response rates have not been reported.

Revision
of Dosing
Guidelines
for Anticancer
Drugs:
Is Dosing
According
To Body
Surface Area
Appropriate?

The Journal of Clinical Oncology recently published a review article commenting on the current practice of doage calculation of anticancer drugs and proposed an alternative method to be considered to individualize doses of these agents in cancer patients. The importance of dosing chemotherapy appropriately to achieve desired outcomes was emphasized, and the standard method of utilizing body surface area (BSA) to calculate these doses has been questioned.

Oncologists have long recognized the need to individualize the doses of chemotherapeutic agents for two major reasons: First, it has been known that the metabolism and elimination of drugs vary considerably between individual patients. The resultant pharmacokinetic profile would be different between patients, resulting in different effects. Second, oncologists have known that these agents have a narrow therapeutic index, having a low threshold for many toxicities, Reducing doses to avoid toxicities may reduce tumor responses for breast cancer, testicular cancer, and lymphomas.

The current standard of practice has utilized BSA dosing for the majority of antineoplastic agents. BSA has been shown to correlate with basal metabolic rate, blood volume, and glomerular filtration rate (GFR). It has been used to allow an estimation of human doses from experimental animal studies. However, several investigators, including Grochow, et al, have determined that there is no good correlation between BSA and the pharmacokinetic measurements for a number of auticancer drugs in various phase I studies. Agents such as etoposide, ilosfamide, paclifaxel, and carboplatin were found to have no or minimal correlation of BSA with pharmacokinetic parameters. Today, most clinicians are aware of the data published by Calvert, et al, showing that GFR can predict carboplatin AUC, independent of BSA, and the positive relationship between lumor response and AUC of carboplatin. This dosing method is now becoming the standard of practice for the use of carboplatin.

Most interestingly, this review has pointed out that the use of BSA-based dose calculation may bring into question previous clinical studies exploring a dose-response relationship for chemotherapy. It has been suggested that pharmacodinetic monitoring be used instead of BSA dosing for anineoplastic agents. Data generated by Evans and colleagues in pediatric leukemia patients suggest that pharmacokinetically-guided dosing resulted in positive correlations for drug touticity rather than tumor response. This may be explained by himor cell heterogeneity, in addition, it is recognized that there are problems with the clinical application of pharmacokinetic parameter dosing (e.g., number and timing of blood samples, as well as expense).

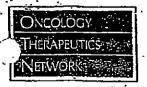
A new method of dosing antineoplastic agents has been suggested using three steps: prime dose, modified dose, and toxicity-adjusted dose (PMT dosing). Prime dose has been defined as the fixed dose of a drug used alone or in combination, derived from phase VII studies. Modified dose is an adjustment of the prime dose before being administered, based on guidelines that predict the drughandling ability of the patient (pharmacokinetically-guided dosing). Finally, adjustments are made on subsequent doses based upon resultant or expected toxicities. Toxicity-based dosing has been used to select the conventional dose of most antineoplastic agents. However, it should be noted that there is no easy measure of under dosing in the absence of toxicity.

This review article concluded that basing the dose of most articancer agents on BSA measurement is not appropriate and that pharmacokinetic applications should be applied. Since there is good correlation between these parameters and the toxicities and tumor response for many antineoplastics, pharmacokinetic trials are crucial to future dosing of these drugs. The author has clearly brought to attention the current inadequacies of BSA-based dosing, and has challenged oncologists to consider a more scientific approach to dosing cancer patients.

(J Clin Oncol, 1996;14(9):2590-2611.)

ANUARY/FEBRUARY 1997: THE NETWORK TEL: 1-800-482-6700 FAX: 1-800-600-5573

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10A BP 01029

## REIMBURSEMENT

## AVERAGE WHOLESALE PRICES AND 1996 HCPCS CODES

As a reimbursement resource, the average wholesale prices (AWPs) and HCPCS codes are listed for drugs commenty used in cancer treatment. Products are listed alphabetically by their generic name. The AWPs are obtained from the 1996 Red Book and the December 1996 Red Book Update. For drugs that have multiple manufacturers,

the AWP for the product that the Network most commonly stocks is listed. For ease of use, we list the AWP information in the first three columns and the billing code and units in the right two columns. Please refer to the Fall-Winter 1996-1997 Sourcebook for a complete listing of 1996 HCPCS codes.



PRODUCT	VIAL SIZE I		DECEMBER AWP/VIAL	ODE CODE	MLING UNITS
Proleukirt Aldesleukin, pwd (Inteileukin-2)	22 MTU	53905-0391-01	415.00	19015 p	a 55 WIN
FibroF	500 mg	17314-3123-01	312.00	B490°	<del></del>
Fungizone <sup>®</sup> Ampholericin B Oral Suspension	24 mL	00007-1762-10	7 <u>6.75</u>	19999°/D49	Oh
Bleomycin sulfate, pwd	30 กษุ <i>ร</i> 12 คมุภ	00015-3010-20 00015-3063-01	304.60 609.20	1910410 p	er 15 units er 15 units
Paraplatin Carboplatin, pwd	50 mg 150 mg 450 mg	00015-3213-30 00015-3214-30 00015-3215-30	88.59 265.21 797.13	19045 19045 19045	per 50 mg per 50 mg per 50 mg
BICNU* • Carmustine, pwd w/diluent	100 mg	00015-3012-3B	88.91	19950	per 100 mg
Tagamer <sup>a</sup> Cimetidine HCL sol (150 mp/ml)	300 mg	00108-5017-16	3.96	193991734	1907
PlatingP-AQ Cisplatin, soi (i mg/ml.) • Cisplatin, soi (i mg/ml.)	50 mg MDV 100 mg MDV	00015-3220-22 00015-3221-22	184.84 369.65	2965 2863	per 50 mg per 50 mg
Leustatir Cladithine, sol (1 mg/mL)	10 mg	· 59676-0201-01	480.50	19065	per l mg
Lyophilized Cytoxan Cyclophosphamide, lyophilized	100 mg 200 mg 500 mg 1 g 2 g	00015-0539-41 00015-0546-41 00015-0547-41 00015-0548-41 00015-0549-41	6.45 12.25 25.71 51.43 102.89	19693 19693 19693	per 100 mg per 200 mg per 500 mg per 1 g per 2 g
Cytoman Tablets  Cyclophosphamide, tablets, 25 mg Cyclophosphamide, tablets, 50 mg Cyclophosphamide, tablets, 50 mg Cyclophosphamide, tablets, 50 mg	100 per boule 100 per boule 1,000 per boule	00015-0504-01 00015-0503-01	173.23 317.51 3,027.50	87230 18230 18230	25 mg 25 mg 25 mg
Cytarabine, pwd	100 mg 100 mg 500 mg	00364-2467-53 55390-0131-10 00364-2468-54 55390-0132-10	8.00 6.75 73.16 75.00	1110 1110 1110 1110	per 100 mg per 100 mg per 500 mg per 500 mg
·	500 mg 1 g 2 g	55390-0133-01 55390-0134-01	50.00 91.90	19119 19119 . 19139	per 500 mg per 500 mg per 500 mg per 100 mg
Datarbazine, pwd	100 mg 200 mg	00026-8151-10 00026-8151-20		9140	per 200 mg
DaunoXome  Daunorubicin citrate liposome inj. (1 mg	/mU 50 mg .	56146-0301-01	268.75	19999	<i>1</i> 3490'
Cerubidine Daunorubitin HCl, pwd	20 mg	55390-0281-10	161.50	77150	per 10 mg
Desmopressin Acetale, sol (4 mcg/ml	) 1 mL	00075-2451-0		12597	per 4 mcg up to 4 mg/mL
Dexamethasone, sol (10 mg/ml) Dexamethasone, sol (4 mg/ml)	100 mg MD 20 mg MD 120 mg MD	V UUSI7-49US-4	\$ 2.19	11100	up to 4 mg/ml. up to 4 mg/ml.
Zmecard** . Deurauxane for injection	250 mg 500 mg	00013-8715-6 00013-8725-6	9 <b>264.7</b> 5	D-94 D-94	<u> </u>
Diazepara, sol (5 mg/ml)	10 mg 50 mg	00364-0825- 00364-0825-	54 13.35		<u> </u>
Diphenhydramine HCl, sol (10 mg/m Diphenhydramine HCl, sol (50 mg/m	L) 300 mg L) 500 mg MI 50 mg	00364-6530- D0364-6531- 00641-0376-	54 \$50	וטבננ	D _up to 50 mg
			- National Inches	na Ascor de	· reserved

**A01** 

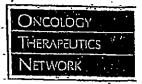
## REIMBURSEMENT

## AVERAGE WHOLESALE PRICES AND 1996 HCPCS CODES

As a reimbursement resource, the average wholesale prices (AWPs) and HCPCs codes are listed for drugs commonly used in cancer treatment. Products are listed alphabetically by their generic name. The AWPs are obtained from the 1996 Red Book and the December 1996 Red Book Update. For drugs that have multiple manufacturers,

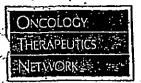
the AWP for the product that the Network most commonly stocks is listed. For ease of use, we list the AWP information in the first three columns and the billing code and units in the right two columns. Please refer to the Fall/Winter 1996-1997 Source-book for a complete listing of 1996 HCPCS codes.

PRODUCT	VIAL . STZE	NDC	DECEMBER ANYP/MAL	. '96 HCPCS CODE	BILLING UNITS
Profesial					-
Aldesleukin, pwd (Interleukin-2) Ellwol	22 MIU .	53905-0991-01	415.00		per 22 MIU
Amilostine	500 mg	17314-3123-01	312.00	<u> 13490'</u>	• •
Fungitione <sup>®</sup> Amphotericin B Oral Suspension	24 mL		- 25 OF		
Blenoane	- LS ITAL	00087-1162-10	<u> 26-25</u>	<u> 19999°/134</u>	90'
Bleomycin sulfate, pwd	15 ເກໄນ	00015-3010-20	304.60	19040	per 15 unils
P. J.A	30 units	00015-3063-01	609.20		per 15 units
Paraplatin • Carbopistin, pwd	30 mg	00015-3213-30	88.59	19045	201 FO mm
P	150 mg	00015-3214-30	265.71	19045	ber 20 tuß ber 20 tuß
•	450 mg	00015-3215-30	797_15	<u> </u>	per 50 mg
BiCNU • Cannesline, prod wigiluent	100 mg	00015-3012-38	88.94	19050	per 100 mg
Tagamer				-	
Cimetidine HCl, so) (150 mg/mt) PlatinoP-AO	30D mg	00108-5017-16	3.96	<u> </u>	190'
• Cisplatin, sol (1 mg/mL)	50 mg MDV	00015-7220-22	184.84	)90 <b>6</b> 2	per 50 mg
	100 mg MDV	00015-3220-22 00015-3221-22	369.65	19062	per 50 mg
Leuslatin					
Cladibine, sol (1 mg/mt) Lyophilized Cytoxan	10 mg	59676-0201-01	480.00	<u> 19065</u>	per 1 mg
Cyclophosphamide, lyophilized	100 mg	00015-0539-41	6.45	19093	per 100 mg
-1	200 mg	00015-0546-41	32.25	19093	per 200 mg
i de la companya de la companya de la companya de la companya de la companya de la companya de la companya de	500 mg	00015-0547-41	25.71	19095	per 500 me
	3 g	00015-0548-43	51.43	19096	per 1 g
Cytoxan Tablets	2 g	00015-0549-41	102.89	j9097	per 2 g
<ul> <li>Cyclophosphamide, tablets, 25 me</li> </ul>	100 per bottle	00015-0504-01	173.23	18530	25 mg
* L.ycioohosohamide. Iahleic 50 me	100 per bottle	. 00012-0303-01	317.91	18530	25 mž
Cyclophosphamide, tablets, 50 mg	1,000 per boule	00015-0503-02 ·	3,027.90	18530	25 mg
Cytarabine, pwd	100 mg	00364-2467-53	6.00	[9100	per 100 rog
	100 mg 500 mg	55390-0131-10 0036 <b>4-2</b> 46 <b>8-5</b> 4	625 23.06	)9100 - 19110	per 100 mg
- ·	500 mg	55390-0132-10	25.00	19110	per 500 mg
	l g	55390-0133-01	30.00	- 19110	per 500 mg
	· 2 k	55390-0134-01	98.90-	j9110	per 500 mg
Dacarbazine; pwd	100 mg	00026-8151-10	13.B3	J913D	per 100 mg
Daysa Variation	200 mg	00026-8151-20	22.23	19140	per 200 mg
Daunoxome Daunoxubicin citrate liposome Inj. (Il mg/m	L) 50 mg	56146-0301-01	268 <i>.7</i> 5	<u> </u>	3490
Cerubidine <sup>a</sup> Daugorubitin HCl, pwd		F#300 man 40			
DDAVP	20 mg	55390-0281-10	16B,50	<u> 19150</u>	per 10 mg
Desmopressin Acetate, sol (4 incg/ml)	l mt	00075-2451-01	24.54	12597	per 4 mcg
Dexamethasone, sol (10 mg/ml)	VQW gra 001	00364-2360-54	12.00		ip to 4 me/ml
Dexamethasone, sol [4 mg/ml]	20 mg MDV	00517-4905-25	2.19	ו מפנוו	p to 4 mg/mL
	120 mg MDV	00517-4930-25	7.B4	<u>ji 100 i</u>	op to 4 mg/mL
Zinerari <sup>w</sup>					
Dextazoxane for injection	250 mg 500 mg	00013-8715-62	134.3B	3490	
Diazepam, sol (5 mg/ml)	10 mg	00013-8725-89 00364-0825-48	26B.75	· <u>13490</u> °	
		いいつのターいじとつー4だ	3.43	· 1360	ար 10 5 ան
			13.32	- 13360	un la 5 ma
Diphenhydramine HCl. sol (10 ma/ml.)	SO mg	00364-0825-54	13.35 5.18	- <u>13360</u> 13200	up to 50 ms
Diphenhydramine HCl, sol (10 mg/mL) Diphenhydramine HCl, sol (50 mg/mL)		00364-0825-54 00364-6530-56	13.35 5,18 6,90	- <u>)3360</u> ]1200 ]1200	υρ lo 5 mg ga: 02 of qu ga: 03 of qu



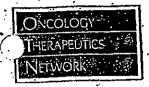
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BP 01031



REIMBURSEMENT					
ODUCT	VIAL .	NDC	DECEMBER AWP/VIAL	CODE ODE	BILLING UNITS
notere <sup>a</sup> Docefaxel for injection	20 mg BD mg	00075-8001-20 00075-8001-80 -	257.92 1.031.68	]9999°	
abez <sup>a</sup> Dozonibisin, pwd	50 ang 100 mg	00015-3352-22 00015-3353-22	197.15 394.29	19010 19010	per 50 mg
ediord Laboratories Dozorubicin, pwd	10 mg 20 mg	55390-0231-10 55390-0232-10	45.08 90.16	19000 19000	ber 10 mg
Doxombicin, sol (2 mg/ml)	50 mg 10 mg 50 mg	55390-0233-01 55390-0235-10 55390-0236-10 55390-0237-01	225.40 47.35 94.70 236.74	19010 19000 19000 19010	per 10 mg per 10 mg per 50 mg
	209 mg MOV	55390-023B-01	945,98	<u>)9010</u>	per 50 mg
kdianycin <sup>a</sup> Doxorubicio, RDF pwd	10 mg 20 mg	00013-1086-91 00013-1096-94	46.00 92.00 92.00	9000 9000 9900	per 10 mg per 10 mg per 50 mg
Doxombicin, pls sol R mg/mL1	.50 mag 158 mag M/DV 10 m/g 20 mag	00013-1106-79 00013-1116-83 00013-1136-91 00013-1146-94	676.19 48.31 96.63	9018 19000 19000	ber 10 mg ber 20 mg
	50 mg 75 mg 200 mg MDV	00013-1156-79 00013-1176-87 00013-1186-83	241,56 362,35 946,94	19010 19019 19010	per 50 mg per 50 mg per 50 mg
DOXIII <sup>a</sup> Doxorubicin, HCl Spasome inj. (2 <i>mg/m</i> )	-	61471-0295-12	606.25	<u> 19999'</u>	
Procein Epoetinalia	2,000 units/ml. 3,000 units/ml. 4,000 units/ml.	59676-0302-01 59676-0303-01 - 59676-0304-01	24,00 36,00 48,00	Q0136' Q0136' Q0136'	1,000 units 1,000 units 2,000 units
•	10,000 units/ml. 20,000 units/2 ml	59676-0310-01	114.00 ° 228.00	Q0136°	ຊີເຄນ 000, ໂ ຊີໂຕນ 000, ໂ
Verend Capsules • Etoposide, capsules, 50 mg Verend For Injection	20 per box	00015-3091-45	751.6D	)B360	50 mg
Etoposide, injection (20 mg/ml.)	VOM gen 601 VOM gen 602 VOM gen 602 VOM g 1	00015-3095-20 00015-3084-20 00015-3061-20 00015-3062-20	135.49 201.74 665.38 1,296.64	9162  9182  9182  9182	per 100 mg per 100 mg per 100 mg
Etopophos* Eloposide phosphate for injection	100 mg	00015-3404-20	124.14	19999*	
Fludarabine phosphate, pwd	50 rog	50419-0511-06	188.04	J9185	<u>per 50 m</u>
Fluorouratil, sol (50 mg/ml.)	500 mg 2,509 mg - 5,000 mg	39769-0012-10 00013-1046-94 39769-0012-90	3.75 7.69	9190  9190  9190	per 500 ਸ per 500 ਜਾ per 500 ਜਾ
Newpoges?  G-CSF (Filgrastim), sol (0.3 mg/ml.)	300 sarg 480 extg	55513-0347-10 55513-0348-10		11440 11441	per 300 mc per 480 mc
Genzar* Gencitabine HCl Gencitabine HCl	200 arg	00002-7501-01 00002-7502-01	63.66	)9999 <b>°</b> 199999°	
Leukine GM-CSF (Sargramostim), lyophilized	250 race 500 race	58406-0002-3; 58406-0001-3;	3 117.79	12820 12820	per 250 m per 250 m
Goserelin acetate, implant	3.6 mg syrii 19.8 mg syrii	ge 00310-0960-3	383.65	19202 19202	per 3.6 r per 3.6 r
Kymi <sup>m</sup> Graniselmin HCl, sol (1 mg/mL)	<u>1 mt</u>	00029-4149-0	173.95	)1625	per 1 ;
liesa Uoslamide	1 g 3 g	00015-0556-4 00015-0557-4		19208 19208	per per
Her*/Mesnex <sup>ta</sup> * Hoslamide (10 x 1 g/mesna (10 x 1 g M * Hoslamide (2 x 3 g/mesna (6 x 1 g M * Hoslamide (5 x 1 g/mesna (3 x 1 g M	MDV) Combo-Pa DV) Combo-Pa DV) Combo-Pa	dk 00015-3554-2 dk 00015-3564-1 dk 00015-3556-2	5 1 <i>,202,7</i> 5	· 19208	19209 /9209 /9209
Venoglobulin i Instatoe globulin intervenous, 5% prodr	·//Vset 2.5 g 5 g 70 g	49669-1602- 49669-1603- 49669-1604-	DI 304.10		per 500
Venoglobulin S - Immune globulin intravenous, 5% sol w/		49669-1612-		136	

10A BP 01032



REIMBURSEMENT.	44.0					
SACRECT	VIAL . SIZE	NDC	DECEMBER AWP/VIAL	'% HCPCS CODE	BILLING	
PRODUCT			•			
Pocetaxel for injection	20 mg 80 mg	00075-8001-20 00075-8001-80	257.92 1,031.68	19999°	<del></del>	
Rubex Dozonibiem, pwd	50 mg 100 mg	00015-3352-22 00015-3353-22	197.15 · 394.29	3010 3010	per 50 mg per 50 mg	
Bedford Laboratories	1B rog	55390-0231-10	45.08	19000	per 10 mg	•
Dozorobicin, pwd	20 mg	55390-0232-10 55390-0233-01	90.16 . 225.40	19000 19010	per 10 mg per 50 mg	
Doxorubicin, sol (2 mg/ml.)	50 mg 3m 01	55390-0235-10	47:35	19000 19000	per 10 mg per 10 mg	
	20.mg 50 mg	55390-0236-10 55390-0237-01	94.70 236.74	13010	per 50 mg	
<u> </u>	200 mg MDV	55390-0238-01	945.98	19010	per 50 mg	
Adminyon <sup>th</sup> Decorubitin, RDF pwd	lÓ mg	00013-1086-91	46.DD	19000	per 10 mg	
- Doxomorcur xnt ban	20 mg	00013-1096-94	` 92,00 230,00	1900 <b>0</b> 1901 <b>0</b>	per 10 mg per 50 mg	
	50 mg MDV	00013-1106-79 00013-1116-83	676,19	<b>)9010</b>	per 50 mg	
Doxombicin, pls sol (2 mg/ml)	របញ្ជ	00013-1136-91 00013-1146-94	48.31 96.63	. 19000 . 0000	per 10 mg	
	20 mg 50 mg	00013-1156-79	241.56	19010	рег 50 лод	
	75 mg 200 mg MDV	00013-1176-87 00013-1166-83	362.35 946.94	1901 O 1901 O	per 50 tog per 50 mg	
DOXIL* Dozombicin, HCl liposome inj. (2mg/m	_	61471-0295-12		19999		
Procrif		EN 25 0363 D1	24,00	001361	1.000 ขณัน	
Epocun alla	2,000 units/ml. 3,000 units/ml.	59676-0302-01 59676-0303-01	36.00	00136, 00136,	1,000 ນກ່ານ	
•	4,000 unils/ml	59676-0304-01 59676-0310-01	1 48.00 1 114.00	Q0136" Q0136"	1,000 vaits 1,000 vaits	•
	10,000 ບານ້ຽ/ກ <b>ໍ</b> ໄ 20,000 ບານໄປ/2 <u> ກ</u>			<u>G0136</u> ,	1,000 units	
VePesia Capsules • Etoposide, capsules, 50 mg	20 per box	00015-3091-4	5 751.60	JB560	50 mg	(
VePesid <sup>a</sup> for Injection Etoposide: mjection (20 mg/mL)	100 mg MD\	/- 00015-3095-2	0 136.49 0 204.74	)9182 19182	per 100 mg	
	150 002 MU	, 00012-3004-1	0 665.38	j918ž ·	per 100 mg	
	500 mg MD)	/ 00015-3062-2	0 1,296.64	<u>19182</u>	per 100 mg	
Etoposide phosphale for injection	190 mg	00015-3404-	20 124.14	19999*		
Fludara* Fludarabine phosphate, pwd	50 mg	50419-0513-		19185	per 50 mg	
Fluorouracil, sol (50 mg/ml.)	500 pvg	39769-0012- 00013-1046-		. 19190 19190	9m 500 mg 9m 602 raq	
•	2,500 mg 5,000 mg	39769-0012-		<u> 19190</u>	Der 200 mi	\$
Neupogen G-CSF [Filgrastim], sol (0.3 mg/ml.)	300 mcg 400 mcg	55513-0347 55513-0348		1440  1441	per 300 mc per 480 mc	
Gemza <sup>e</sup>	200 mg	00002-7501	-01 63.66	19999 19999	<b>)•</b>	
Gencitabine HCl Gencitabine HCl	200 Hg	00007-7507		<u> 19999</u>	<u> </u>	-
Leukine <sup>a</sup> GM-CSF (Sangramostim), lyophilized	250 mcg	58406-0007	1-33 117.7 <u>9</u>	12820 12821	per 250 mc	3
	SDO mack	58406-000			0 per250ກດ 2 per3.6ກ	
Coserelin acetate, implant	3.6 m/g sy 10.8 m/g sy		1-30 1,208.49			2
Kytri <sup>m</sup> Granisetron HCl, sol (1 mg/ml.)	1 ml	00029-414		1162	S perli	<u>P</u> E
llex <sup>®</sup> lloslamide	l t 3 k	00015-055 00015-055	66-41 114.64 57-41 344.0		)8 pes )8 pes	<b>5</b>
llex///emex <sup>ta</sup> - llosfamide (10 x 1 gl/mesna (10 x 1	e MDV3 Combo	Park 00015-353	54-27 2,004 <i>3</i> 54-15 1,202 <i>3</i>	D 1924	08/3920 <del>9</del> 08/39209	
<ul> <li>Uostamide 12 x 3 gymesna (b x 1 g</li> <li>Uostamide 15 x 1 gymesna (3 x 1 g</li> </ul>	Whal coming	1866 00012-2-2			08/19209	_
Uknoplohtifizi	<u> </u>			 15 · 115	61 per 500	me
kramne globulin intravencus, 5% pwi	<b>5.2</b>	49669-16 49 <del>669</del> -16	03-01 304.	io (15	ifi per 500	mg
	10 g.	49669-16			61 per 500	-
Venoglobulin 5 • Immune globulin advavenous, 5% sol	w/Niset 25 g	49669-10	512-01 225.		561 per 500	
anning Populationning and a same	.5 g	49669-10 49669-10			561 per 500 561 per 500	) (mg
•	10 g	THENDING				==

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BP 01033

witness of the second	VIAL STZE	NDC	MBER - '95 HCPCS VIAL CODE	BILLING	· Active dec	
JRSEMEN	Ţ.				THERAFEUTICS NETWORK	
• • •	_	:		. •	Ovcorocz.	

REIMBURSEMENT					
PRODUCT	VIAL SIZE I		DECEMBER . AWP/VIAL	'95 HCPCS CODE	NITS .
Venoglobulin 5 (continued)	-50	40550-1633 Av	- 475,00	pj 562 ·	. per 5 g .
• Immune globulin intravenous, 10% sol w/IV set .	10 8	49669-1623-01 .	950.00	[1562	Det 2 &
<u> •                                   </u>	ZU R	49669-1624-01	1,900.00	1562 -	per 5 g
Immune globulin intravenous, 10% sol w/IV set.	1.0	00192-0649-12	75.00 375.00		per 500 mg
•	5	00192-0649-20 00192-0649-71	37 <b>5</b> .00 75 <b>0.</b> 00	11562 11562	per 5 g
	70 g	00192-0649-24	T,500.00	11562	per 5 B
Immune globulin intravenous, 5%-10% w/IV set	75 e	52769-0471-72	145.00	11561 or 1131	62
	5 g .	52769-0471-75 52769-0471-80	290.00 580.00	)1561 or (15 )1561 or (15	
Rho D Immune globulin intravencos	300 mcg	60492-0082-01	235.00	13490'/ <u>1</u> 99	
Intron" A					
Interferon alla 2b, pwd	3 MIU	0008S-0647-03	3293 3793	- 19214 ·	per 1 MIU . per 1 MIU .
	3 Miù syringe 3 Miù Pak	00085-0647-04 00085-0647-05	32.93 32.93	19214 19214	per 1 MIU per 1 MIU
•	5 MIU	.00085-0120-02	54.BB .	9214	per 1 MIU
•	S MIUPAK	00085-0120-05	54.BB	9214	per 1 MIU
•	10.MM	00085-0571-02 00085-0571-06	109.75 109.75	9274 192 <b>74</b>	ber J WIN ber J WIN
	10 MJU PAK 18 MTU	00085-0110-01	197.54	9214	per I MIU
	25 MJU	かいかて いうおくいう	274,39	9214	per 1 MIU
laradas - M. M Loranza an	50 MIU	00085-0539-01 00085-0923-01	548.75 109.75	19214 19214	per I MIU per I MIU
Interferon alfa 2b, sol (5 Mit/ml) Herferon alfa 2b, sol (6 Mit/ml)	10 MJU 18 MTU MDV	D0085-D923-01 D0085-0953-01	109.75 · 197.54	19214	per I MIU
Interferon alla 2b, sol (6 MiU/mL) Interferon alla 2b, sol (5 MiU/mL)	25 MIU MUV	00085-0769-01	27439	9214	per 1 MIU
Roleron A					
laterferon alla 2a, pwd w/3 mL dilueni	18 MIU	00004-1993-09	197.55 37.94	19213 19213	per 3 MIU per 3 MIU
interferon alfa 2a, sol (3 MJU/ml.) Interferon alfa 2a, sol (10 MJU/ml.)	3 MIU UIM 6	00004-1987-09 00004-2010-09	32.94 92.76	19213 19213	ber 3 WIN
Interferon alla Za, soi (6 MIU/mu)	18 MIŲ	00004-1988-09	197.55	<b>)9213</b>	per 3 MIU
Interieron alfa Za, sol 136 MIU/mL)	36 MIÚ	00004-2005-09	395.14	19213	per 3 MIU
Camptosar <sup>®</sup>		- Danna Hean CT	A03.7F	)9999°	
Innotecan HCl injection, CYI-11 (20 mg/ml		00009-7529-01 55390-0051-10	493.75 18.44	19599°	per 50 mg
leucovoria, prod	gái 02 gar 42	55390-0051-10 58406-0621-05	21.53	}0640	pei 50 mg
	100 mg	55390-0052-10	35.00	1064D	per S0 mg
•	gm (101	58406-0622-06	- 39.41 78.00	10540 10540	per 50 mg per 50 mg
	200 mg 350 mg	55390-0053-01 58406-0623-07	78.00 137.94	1064D	per 50 mg.
Lupron	JAN IIIK				-
(euproficie acetate depot, susp. (7.5 mg/ml.)	7.5 mg	00300-3639-01	515.63	. 19217	ps: 7.5 mg
	22.5 mg	00300-3336-01	1,546.B9	<u> 19217</u>	per 7.5 mg
lorazepam, sol (7 mg/ml)	2 mg MDV	00008-0581-04	12.01 107.00	.}206D ]206D	per 2 mg
lorazepám, sol (2 mg/ml) lorazepám, sol (4 mg/ml)	20 mg MDV 40 mg MDV	/ 00008-057 <b>0-</b> 01	13334	)206D	per 2 mg
torazepam, sol (4 mg/mt) torazepam, sol (2 mg/mt), w/ syringe	2 mg	00008-0581-02	12.67	<u>)2060</u>	per 2 mg
Mannitol, 25% sol	50 ml	00074-4031-01	5.05	12150	per 50 ml
Mechlorethamine HCl, pwd	10 mg	00006-7753-31		19230	per 10 mg
Megace	, ,			<del></del> -	•
Megestrol acetate, tablets, 20 mg	100 per botil 100 per botil	le 00015-0595-01 le 00015-0596-41			-
Megestrol acetate, tablets, 40 mg	100 per boll 250 per boll	le" 00035-0396-46	S 330.68		
	200 ber poli				•
Megace Onl Suspension	-	·			
Megestrol acetate, oral susperision	8 B oz	00015-0508-42		19245	per 50 m
Meighalan hydrochloride, pwd Meighalan bydrochloride, tablets, 2 mg	50 mg 30 per bott			9245  B600	per pun
Melphalan hydrochloride, tablets, 2 mg Mesner <sup>ad</sup>					•
Mesner" • Mesna, sol (100 mg/ml)	- 1 ÉMDY	00015-3563-0	<u>155.70</u>	19209	
Metholiexate, pro	20 mg	00205-4654-9	2.78	19250 19260	
	),000 mg	58406-0671-0	05 61.44	19260	) pt 50 m
Methobicatie, pres. free sol (25 mg/ml	l) 30 mg	1-1100-0033	10 · 6.88	9260 19260	o ber⊋ña
•	100 mg 200 mg	55390-0032-1 55390-0033-1			D per 50 m
•	200 mg 250 mg	55390-0034-1 55390-0034-1			<u>D рег 50 л</u>
Methorecate, sol w/pres. (25 mg/ml.)		58406-0681-1	14 4.75	<u> 1926</u> 1	D per SD p
	250 me	58406-0681-1		926	0 per 50 n
. Methorecate, tablets, 2.5 mg	100 per bol	uje 00555-0572-	02 305.25	1861	
	36 per bo	nte 00555-0572-	35 130.05		
Metoclopramide, sol w/pres. (5 mg/ml.) Metoclopramide pres free sol (5 mg/ml.)	2 m2 50 mg	39769-0066- 00013-6116-	·95 8.73	. )276	55 up to 10 i
Metocloparnide, pres. tree sol (5 mg/mL)	. 120 mg	00013-6126-		276	5 up to 10

THE NETWORK: TEL: 1-800-482-6700 FAX: 1-800-800-56731 - JANUARY/FEBRUARY 1997

10A

REIMBURSEMENT			San Harding		
RODUCT	VIAL STZE	NDC.	DECEMBER ANYP/VIAL	'96 HCPCS CODE	BILLING UNITS
knoglobulin S (continued)	_	4D240 1433 DI		11165	per5g.
Immune globulin intravenous, 10% sol w/IV set	5 g 10 g	49669-1622-01 49669-1623-01	475.00 930.00	)1562 1562	pa 5 k
•	20 8	49669-1624-01	1.900.00	11562	<u> </u>
immune globalia intravenous, 10% sol w/IV set	10	00197_0649-17	75.00	Į1 <u>561</u>	bez 200 ing
<del>-</del>	5 g 10 g .	00192-0649-20 00192-0649-71 00192-0649-24 52769-0471-72	375.00 750.00	)1562 11562	ber 2 g
	70 g .	00192-0649-24	1.500.00	)1562	bar y 8
Immune globulin intravenous, 5%-10% w/IV set 3	20 g 25 g 5 g	52769-0471-72	145.00	11361 or [1	562
	5 g. 10 g -	52769-0471-75 52769-0471-80	290.00 - 580.00	)1561 or (1 11561 or 11	562
Rho Dimmune globulin intravenous 3	DO mce	60492-0082-01	235.00	11561 or 11 13490 ///9	999°
ntroin <sup>a</sup> A	<del> </del>				
Interferon alfa 2b, pwd	3 MID	00085-0647-03	32.93 32.93	19214 19214	per 1 MiU
• • •	3 MIU syringe	00085-0647-04 00085-0647-05	32.93	19214	per 1 MIU
	5 MUU	00085-0120-02 00085-0120-05 00085-0571-02 - 00085-0571-06 00085-0110-01	54.88	19214	per 1 MIU
	S MIU PAK	00085-0120-05	54.88 109.75	9214 19214	per I MIU per I MIU
•	ID MIU 10 MIU PAK	00005-0571-06	109.75	9214	per i MIU
	18 MIU	00085-0110-01	197.54	19214	per I MIU
•	25 M)Ú	00085-0285-02 00085-0539-01	274.39	19214 19214	ber I WID.
e sudure alle de sul en satt final s	SD MIU 10 MIU	10-6550-55000	548.75 109.75	19214	per i MIU
Interferon alfa 25, sou (5 Millyme)	YOM UIM 81	00085-0923-01 - 00085-0953-01	197.54	<b>39214</b>	per I MIU
Interferon allà 2b, sol (5 MIU/mL) Interferon alla 2b, sol (6 MIU/mL) Interferon alla 2b, sol (5 MIU/mL)	25 MIL	00085-0769-01	274,39	<u>)9214</u>	Den J WILL
Roleron A		D0004 1002 60	102 55	10212	111K 5 444
Interferon alla 2a, pwd w/3 mt diluent	UIM BI UIM E	00004-1993-09 00004-1987-09	197.55 32.94	19213 19213	per 3 MIU per 3 MIU
Interferon alia 2a, sol [3 MIU/ml] Interferon alia 2a, sol [10 MIU/ml]	ว พเบ	00004-2010-09	92.76	<u> </u>	per 3 MIU
interieron alia 2a, sol (6 MiU/ml)	18 MIU	00004-1988-09	197.55	. 19213	per 3 MIU per 3 MIU
interleron alla 2a, sol (6 MIU/ml) Interleron alla 2a, sol (36 MIU/ml)	36 MIU	00004-2005-09	395.14	<u> 19213</u>	Des 2 Marc
Campiosar' hipotecan HCl injection, CPT-11 I20 mg/mil	5 mL :	00009-7529-01	493.75	' <del>1999</del> 9'	
Lescovoin, pwd	50 mg	55390-0051-10	18.44	10640	per 50 mg
ESPECTONIA PARO	50 mg .	58406-0621-05 55390-0052-10	18.44 21.53	10640	per 50 mg
	100 mg	55399-0052-10 58406-0622-06	35.00 . 39.41	0640 0640	per 50 mg
•	100 mg 200 mg	58406-0622-06 55390-0053-01	78.00	0640	per 50 mg
	350 mg	58406-0623-07	137.94	0640	per 50 mg
Lupron			E1E 62	19217	per 7.5 ma
-L'euprofide acetate depot, susp. (7.5 mg/ml.)	7.5 mg 27.5 mg	. 00300-3629-01 00300-3336-01	515.63 1,546.89	9217	per 7.5 mg
Lorazepam, sol (2 mg/ml)	2 mg MDV	00008-0583-04	12.01	12060	per 2 mg
Lorazepam, sol (2 mg/ml)	20 mg NWY	00008-0581-04 00008-0581-01 00008-0570-01	107.00	32060	per 2 m
Lorazepam, soi (4 mg/ml)	40 mg MDV	00008-0570-01 00008-0581-02	1 133,74 1 12.67	)2060  2060	per 2 m per 2 m
Lorazepam, sol (2 mg/ml.), w/ syringe	2 mg. 50 mL	00074-4031-0		12150	
Mannitol, 25% sol  Mechlorethamine HCl, pwd	10 mg	90006-7753-3		. <u>[9230</u>	
Megace <sup>®</sup>		,		<u> </u>	
Megestrol acetate, tablets, 20 mg	100 per bott	e 00015-0595-0 e 00015-0596-4	75.68		_
Megestrol acetate, tablets, 40 mg	100 per bolt	le 00015-0596-4 le 00015-0596-4	1 134.56 6 330.68		•
	250 per boll 500 per boll	le 00015-0396-4			
Megace Oral Suspension	,	•			
Megeshol acetale, oral suspension	B Ooz	00015-0508-1		107.4	
Melphalan hydrochloride, pwd	20 mg	00173-0130-9 le 00173-0045-3	33 296.99 35 84.77	1924 1860	
Meliphalan hydrochloride, tablets, 2 mg	SO per bou	יב וייניטי ביי	. 0137	<u> 1400</u>	<del></del>
Mesnex <sup>no</sup> • Mesna, sol (100 mg/mL)	VOM <sub>2</sub> I	. 00015-3563-4	02 155.70		
Methotiesale, pwd	20 me	00205-4654-	SD 2.78	1925	0 per 5 s
•	1,000 mg	58406-06714	QS 61.44		D per 50 :
Metholicxale, pres. free sol (75 mg/ml.)	) 50 mg	5539D-0031- 553 <b>9</b> 0-0032-	10 5.88 10 8.75		50 per 50 i
•	100 mg 200 mg	55390-0033-		)921	0 per 50
	250 mg _	55390-0034	-10 <u>26.81</u>	1 1921	50 pe <u>r 50</u>
Methomerate, set wines, Q5 melmi)	50 mg	58406-0681-		192	60 per 50



THE NETWORK: TEL: 1-800-462-6700: FAX: 1-000-800-3673 | JANUARY/FEBRUARY 1997 | 1997

50 mg 50 mg 250 mg 100 per boule 36 per boule 2 ml 50 mg 150 mg

Methoberate, sol w/pres. (25 mg/ml.) Methotrexate, tablets, 2.5 mg

Metoclopramide, sol w/pres. (5 mg/ml.) Metoclopramide, pres. Hee sol (5 mg/ml.)

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per 50 mg per 50 mg 2.5 mg 2.5 mg

up to 10 mg up to 10 mg up to 10 mg

4.75 20.48 305.25 130.05

7,35 8,73 23,54

58406-0681-14 58406-0681-17 00555-0572-02 00555-0572-35

39769-0066-02 00013-6116-95

BP 01035

REIMBURSEMENT					
РВОДИСТ	VIAL SIZE	NDC	DECEMBER AWP/MAL	'96 HCPCS	BILLING UNITS
Metamycin, pwd Milotnycin, pwd	5 mg 20 mg 40 mg	00015-3001-20 00015-3002-20 00015-3059-20	134.11 452.91 915.09	197BD 19290 19291	per 5 mg per 20 mg per 40 mg
Novaobone <sup>a</sup> Milozanbone, sol (2 mg/ml)	20 mg MDV 25 mg MDV 30 mg MDV	58406-0640-03 \$8406-0640-05 \$8406-0640-07	720.04 900.03 1.080.05	19293 19293 19293	per 5 mg per 5 mg per 5 mg
Zofran Ondanseiron HCl, sol (2 rog/ml) Ondanseiron HCl, sol (2 rog/ml) Ondanseiron HCl, sil presied ET eg/31 sl (5)	40 mg MDV 4 mg N) 32 mg bag	00173-0442-09 00173-0442-02 00173-0461-00	244.43 24.45 206.41	. 12405 12405 12405	per 1 mg per 1 mg per 1 mg
Sandostain! Ortreotide Acetate, sol (50 mcg/ml) Octreotide Acetate, sol (100 mcg/ml) Octreotide Acetate, sol (500 mcg/ml)	50 mcg amp 100 mcg amp 500 mcg amp	00078-0180-03 00078-0181-03 00078-0182-03	-521 954 43,62	999 <b>9°/</b> /3 19999'/3 19999'/3	490' 490'
TAXOL <sup>®</sup> Partitatel, semi-synthetic	30 mg 100 mg	00015-3475-27 00015-3476-27	182.63 608.76	9265 9265	per 30 mg
Aredia Pamidionale disodium, pwd	30 mg 60 mg 90 mg	00083-2601-04 00083-2606-01 00083-2609-01	191:68 383.36 575.05	72430 72430 72430	per 30 mg per 30 mg
Nipera <sup>tor</sup> Pentostalin, pwd	10 mg	00071-4243-01	1,440.00	19268	per 10 mg
Prochloperazine, sol (5 mg/ml.) Prochloperazine, tablets, 10 mg	10 mg MDV 20 mg MDV	- 00364-2231-48 00364-2231-54 00007-3367-20	2.64 13.90 90.45	10780 10780	up to 10 mg
Zaniac* Ramindine, sol (50 mg/2 mL)	2 mL	00173-0362-38		19939'/ 1932D	3490 <sup>3</sup>
Streptozocia, pwd  Vamor?  • Teniposide, 50 mg	1 g 5 mL amp	00009-0844-01 00015-3075-19	68.84 - 168.18	19999°	per 50 mg
Thiolesa pwd .	15 mg	58406-0561-02		19340	per 15 mg
Hycamin <sup>bs</sup> • Topotecan HCl Iyoph pwd	4 mg	00007-4201-05		<u>19999*</u> 13364	per 5,000 IV
Urokinsse, sol (5,000 IU/ml.)	5,000 IU 9,000 IU	00074-6111-01 00074-6145-02	93.54	<u> 13364</u> 19360	per 5,000 III
Vinblastine sulfate, prod  Vinblastine sulfate, sol (1 mg/ml)	10 mg 10 mg 10 mg	55390-0091-10 00364-2447-5 00469-2780-3	37.50	19360 19360	ber 1 mg
Vincrisine, pleservalive free sol 13 mg		00913-7456-8 61703-0309-0 00013-7466-8 61703-0309-1	6 37.08 6 31.75 6 74.13	19370 19370 19375 19375	per 1 mg per 1 mg per 2 mg per 2 mg
NAVELBINE Vinorelbine tantole, sol (10 mg/ml)	lmL 5 mL	00173-0656-0 00173-0656-4		19390 19390	per 10 mg

5 ml. 00173-0656-44 202.74 19390 per rums
1 The drug code E490 is defined as "unclassified drug." These drugs many or may not be defined as an unclassified drugs in your uses. Consult your local carrier for the appropriate code.

| Q0136 is the code for non-ESRD (End Stage Renal Disease) we.

The drug code 19999 is defined as "oot otherwise classified an incoplante drug." The Health Care Francise Administration DH.FA) has not excipted specific order in these drugs.

. An ANYP, HEPCS code or NOC that has changed or been added has been highlighted in color.

LETTERS TO THE EDITOR

What's on your mind?

Your comments and suggestions are encouraged to help make this newsletter a better resource for you and the patients you serve. All correspondence will be addressed. Send your suggestions to: Mary Walsh, Editor, The Network News; Oncology Therapeutics Network; 395 Oyster Point Blvd., Suite 405; South San Francisco, CA 94080; Fax 800-800-5673 ORESS RRECTION QUESTED



395 OYSTER POINT BLVO., SL

BP 01036

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<sup>+</sup> The Health Care Financing Administration (HCFA) has posited Glass Wellcome that a separate ) Code will not be issued for the Zohan 32 mg permit red bag. (2405 should be used for all lorandations of Zohan.

REIMBURSEMENT					
RODUCT	YIAL SIZE	NDC :	DECEMBER AWP/VIAL	% HCPCS CODE	BULUNG UNITS
huanytif. Muonytin,pwi	5 mg 20 mg	00015-3001-20 00015-3002-20	134.11 452.91	19280 19290	per 5 mg per 20 mg per 40 mg
	40 mg	00015-3059-20	915.09	19291	
Novantrone <sup>a</sup> Miloxantrone, sol (2 mg/ml)	20 mg MDV 25 mg MDV 30 mg MDV	58406-0640-03 58406-0640-05 58406-0640-07	720.04 900.03 1,080.03	9293 9293 . 19293	ber 2 mg ber 2 mg ber 2 mg
Zoisan <sup>a</sup> Ondanseiran HCl, sol (2 mg/ml) Ondanseiran HCl, sol (2 mg/ml) Ondanseiran HCl, sol promid (1) capit til (1)	40 mg MDV 4 mg 3) 32 mg bag	00173-0442-00 00173-0442-02 00173-0461-00	244.43 24.45 205.41	12405 12405 12405	per 1 mg per 1 mg
Sandostatur Octrodide Acelate, sol (50 mčg/ml.)- Octrodide Acelate, sol (100 mčg/ml.) Octrodide Acelate, sol (500 mčg/ml.)	50 mcg amp 100 mcg amp 500 mcg amp	00078-0180-03 00078-0181-03 00078-0182-03	5.21 9.54 43.62	199991/13 199991/13 199991/13	490' 490' 490'
TAXOL <sup>®</sup> Pacifiarel, senii-synthetic	30 mg	00015-3475-27 00015-3476-27	182.63 608.76	19265 - 19265	per 30 mg per 30 mg
Aredia <sup>†</sup> Pamidronate disodium, pwd	30 mg 60 mg	00083-2601-04 00083-2606-01 00083-2609-01	. 191.68 383.36 575.05	)2430 )2430 <u>}2430</u>	per 30 mg per 30 mg
Nipeni*	10 mg	00071-4243-01	1,440.00	19268	per 10 mg
Prochlorperazine, sol (5 mg/ml)	10-mg 50 mg MDV	00364-2231-48 00364-2231-54	2.64 13.00	1078D 10780	up to 10 mg up to 10 mg
Prochlorperazine, tablets, 10 mg	100 per box	00007-3367-20	90,45	<del></del>	<del></del>
Zantaci Ramildine, sol (50 mg/2 mL)	2 ml	00173-0362-3B	7.99	199999/	13490° Der 1 R
Sueptozocin, pwd	1 8	00009-0844-01	68.84	9320	per i x
Vianani Teniposide, 50 mg	5 mLamp	00015-3075-19	168.18	19999	per 50 mg
Thioplex* Thiolepa, pwd	15 mg	. 58406-0661-02	78.45	19340	per 15 mg
Hyrantinia	1 mg	00007-4201-05	509.44	19999	
Topotecan HCl lyoph psyd Urpkinase, sol 15,000 IU/mL)	5,000 IU 9,000 IU	00874-6111-01 00974-6145-02	53.54	13364 13364	per 5,000 II. per 5,000 II.
· Vinblastine sullate, pwd	10 mg	55390-0091-10 00364-2447-54	). 37 <b>.50</b>	19360 19360	per 1 m; per 1 m;
Vinbiastine sullate, soi (1 mg/mL) .	10 mg	00469-2780-30		<u>19360</u>	per 1 m
Vincristine, preservative free sol (3 mg	mg 2 mg	00013-7456-86 61703-0309-06 00013-7466-86 61703-0309-15	31.75 5 74.13	1937 <b>0</b> 1937 <b>5</b>	bet y u bei j u
NAVELBINE Vinoselbine tatuate, sol (10 mg/mL)	2 mg 1 m1 5 m1	00173-0656-0 00173-0656-4	1 56.55	19390	per 10 n

An AWR HCPCS code or NOC that has changed or been added has been highlighted in coloc.

The drug code 19999 is defined as "not otherwise classified, antioeoplastic drug." The Health Care impacing Administration (HCFA) has not assigned

- † The drog code 13450 is defined as "unclarished drog." These drogs may or any not be defined as an inclassified drog in your area. Consult your local carrier for the appropriate code.
- a Q0136 is the code for non-ESRD (End Stage Renal Disease) one.
- The Health Care Financing Administration BHCFA) has notified Glazo Wellcome that a separate J Code will not be issued for the Zofran 32 mg premiated bag. 12 405 should be used for all formulations of Zofran.



## R. S. T. O. T. H. E. E. D. J.

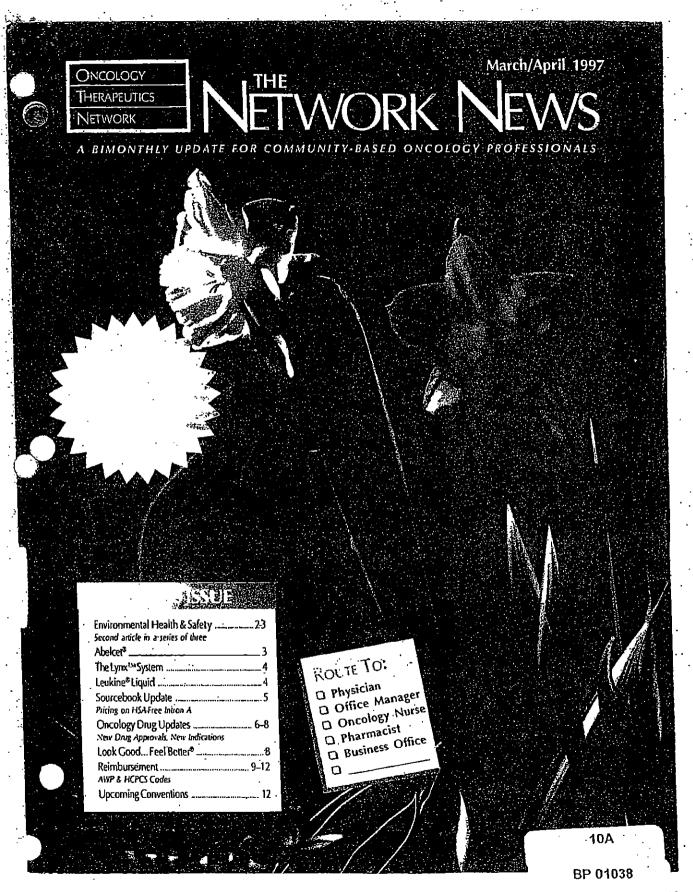
What's on your mind?

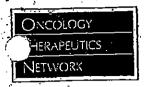
Your comments and suggestions are encouraged to help make this newsletter a better resource for you and the patients you serve. All correspondence will be addressed. Send your suggestions to: Mary Walsh, Editor, The Network News, Oncology Therapeutics Network; 395 Oyster Point Blvd., Suite 405; South San Francisco, CA 94080; Fax 800-800-5673



BP 01037

10A





# HEALTH AND SAFETY ADVICE ON HANDLING ONCOLOGY PRODUCTS

SECOND IN A SERIES OF THREE

ncology Therapeutics Network (OTN) is committed to providing information on the safe handling of the products that we sell. As an added value to our customers, OTN will be addressing health and safety issues in this and future publications of The Network News. This is the second of a three-part series highlighting key information outlined in Controlling Occupational Exposure to Hazardous Drugs! by the Occupational Safety and Health Administration (OSHA). This article discusses safe work habits, biological safety cabinets, and personal protective equipment.

American Society of Health-System Pharmacists (ASHP) recommends that hazardous drug preparation be conducted in a restricted, preferably centralized area. Signs should be posted to restrict access to unauthorized personnel, and eating, drinking, chewing gum, smoking, and applying cosmetics should be prohibited. Emergency procedures should be readily available, preferably posted in the area, for accidental spills or employee contact.

The use of a Biological Safety Cabinet (BSC), Class II, type B or Class III, that meets current National Sanitation Foundation Standards (NSFS) is recommended in the preparation of hazardous drugs since they vent to the outside, not the preparation room. BSCs without air recirculation, Class II, type B2 and Class III, are most protective. BSCs where hazardous drugs are prepared should be dedicated, used only for hazardous drug preparation. The exhaust fan should remain on except when necessary to turn off, e.g., servicing or relocating the unit. The unit should be decontaminated before reuse if the exhaust fan is turned off. BSCs should be evaluated and maintained according to the manufacturer's instructions.

Follow the manufacturer's instructions when cleaning a BSC. Typical recommendations for a decontamination schedule include the following: weekly, after a spill, when a cabinet requires moving, service, or certification. Use water and detergent followed by a thorough rinse to decontaminate a BSC. Alcohol (ethyl or 70% isopropyl) may be used with the cleaner if the contamination is soluble only in alcohol. Alcohol and quaternary ammonium cleaners should be avoided due to possible vapor buildup in BSCs where air is recirculated.

When cleaning a BSC, the exhaust fan should remain on and personnel should wear personal protective equipment (PPF). A National Institute of Occupational Safety and Health (NIOSH)-approved respirator appropriate for the hazards must be worn if the sash is lifted during cleaning. Cleaning should start from the least to most contaminated areas. The drain spillage trough should be cleaned twice, at a minimum, because of heavy contamination. Handle and dispose of all materials used in the decontamination process in. accordance with federal, state, local laws and facility procedures. Qualified technicians should service and certify a BSC every six months or when the unit has been moved or repaired. High-efficiency particulate air (HEPA) filters that restrict air flow or are contaminated by an accidental spill should be replaced, bagged in plastic, and disposed of as if a hazardous drug.

Wash hands prior to and immediately after wearing gloves. Research indicates that the thickness of a glove is more important than the type of material since all materials tested have been found to be permeable to some hazardous drugs. Thicker, longer lover the gown cuff), minimal to powder free latex gloves are recommended for use when preparing hazardous drugs untess the drug-product manufacturer specifically stipulates that some other glove provides better protection. Unless it interferes with technique, individuals should double glove because of the variability in permeability within and between glove lots. Glove permeability increases with time; therefore gloves should be changed at least hourly or immediately after obvious contamination, being punctured, or torn.

A protective disposable gown made of lowpermeable fabric should also be worn when preparing hazardous drugs. The gown should be lint-free, have a closed front, long sleeves, and elastic or knit cuffs. Place the gown cuffs under the gloves or sandwich the gown cuffs between the gloves when double-gloving.

The preparation of a hazardous drug should be completed in a BSC. Until a BSC is installed, a NtOSH-approved respirator appropriate for the hazard must be worn by those preparing the drug and anyone working in the same area; respirator use should not be a substitute for engineering controls. OSHA has regulations with which (Respiratory Protection

See HEALTH & SAFETY, next page

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The articles to this newsletter are not intended to serve as nules and posicies for medical practice. Primary references should be consulted. The reader is encouraged to review the manufacturer's package insert where applicable.

Comments and suggestions are welcome. Address them to: Mary Walsh, Editor, The Network News; Oncology Therapeutics Network; 395 Oyster front Blvd, Suge 405; South San Francisco, CA 94020.

Printed on recycled paper.

MARCH/APRIL 1907 . THE METM/ORK TEN 1,000,482,6700, FAX: 1,000,800,3673

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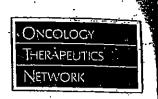
# (Amphoteriain B lipid Complex Injection)

## Now... Deliver The Power Of Amphotericin B Therapy

- Indication and usage. ABELCET is indicated for the treatment of invasive lungal infections in patients who are refractory to or intolerant of conventional amphotericin B therapy.
- Dosage and administration. The recommended daily dosage for adults and children is 5 mg/kg given as a single infusion. ABELCET should be administered by intravenous infusion at a rate of 2.5 mg/kg/h. If the infusion time exceeds 2 hours, mix the contents by shaking the infusion bag every 2 hours."
- Storage, Prior to admixture, ABELCET should be stored at 2°C to 8°C (36°F to 46°F) and protected from exposure to light. Do not freeze. ABELCET should be retained in the carton until time of use. The admixed ABELCET and 5% Dextrose injection may be stored for up to 48 hours at 2°C to 8°C (36°F to 46°F) and an additional 6 hours at room temperature. Do not freeze. Any unused material should be discarded.

Please refer to the full prescribing information for complete details

•		• •	-			
COMOG Numer	NDC	HCPCS .	· 11394	User Som	Oscex Qta	Procs/ U-s
220.060	61299-101-41	K0453	ABELCET	100 mg/20 mL	1	\$14B.50



FROM THE LIPOSOME COMPANY



## ABELCET REIMBURSEMENT HELPline service includes:

-800-345-2252

✓Benefits, coverage, ✓Documentation limitations :

√Appeal strategies

✓ Coding assistance ✓ Payer education

## HEALTH & SAFETY

Continued from previous page

Standard) respirator use must comply. Respirator selection, fit, testing and worker training are items covered in the standard. Surgical masks are not appropriate and should not be used because they do not prevent aerosol inhalation.

Chemical-barrier face and eye protection must be provided and used in accordance with OSHA's Personal Protective Equipment Standard whenever splashes, sprays, or aerosols of hazardous drugs may be generated that could lead to eye, nose, or mouth contamination. "Eyeglasses with temporary side shields are inadequate protection." If a respirator is to be temporarily used with eye and face protection, the individual should use either a respirator with a full face piece, or a plastic lace shield, or splash goggles that comply with ANSI standards when using a respirator of less than full face piece design.

Disposable materials (e.g., gowns, gloves, respirators) should be disposed of according to the facility's hazaidous drug waste procedure. Clean goggles, face shields, and non-disposable respirators with mild detergent and water for reuse.

The next and final article in this series will address drug administration and spills. It is important to follow health and safety requirements and regulations as specified by the manufacturer of the products, your employer, and local, state, and federal governments. Call OTN if you would like to receive a copy of the OSHA document that is referenced throughout this document.

OSHA Instruction TED 1.15, September 22, 1995, Office of Science and Technology Assessment

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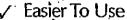
**BP 01040** 



## LEUKINELiquid

(SARGRAMOSTIM)

FROM INVIL'NEY CORPORATION



- ✓ Saves Time
- ✓ Multi-Dose Vial
  - Less Waste
  - Saves Money





Leukine Liquid Quick Reference Guide available from Immunex



### PRODUCT INFORMATION

Catalog				Order	
Number NDC	ilem	Brand Name	Unit Size	Qty.	Price/Unit
222-116 58406-050-30	GM-CSF solution (Sargramostim)	Leukine Liquid	500 mcg MDV	5	\$185.00

EXTENDED PAYMENT TERMS

Only OTN offers net 75-day standard payment terms for all purchases of LEUKINE Liquid.

REINBURSEMENT SUPPORT.

IMMUNEX REIMBURSEMENT HOTLINE:

1-800-321-4669

Effective January 1, 1997, Leukine billing units changed: Bill for Leukine with J2820 per 50 mcg.

## OPUS Name Change

Put Your Practice on the Fast Track... With Lynx! e've renamed OPUS! the OTN automated medication dispensing tracking and information management system for oncology practices, and wanted to let you know. The system is now called "The Lyrox" System" or "Lyrox" for short.

When OTN became a wholly-owned subsidiary of Bristol-Myers Squibb, the rights to the OPUS name transferred to our former parent company. In anticipation of the new enhancements and improvements that are now part of the second generation system, we used this opportunity to choose a new name for the product.

Additionally, we wanted the product identity to more closely tie in with the nature theme exemplified in other OTN literature including our catalog, the Sourcebook, and The Network News. In addition to conjuring up a wonderful play on words, Lynx are very beautiful, swift and agile animals. The Lynx system literally "links" your practice data into an integrated system and "links" your practice to OTN. We believe that this name more closely represents the value of the system to its users.

We hope that you will come by and see the whole Lynx family at the upcoming spring meetings and conventions. See page 12 for more details.

Please call your account representative for more information on the new Lynx System.

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**BP 01041** 

## SOURCEBOOK UPDATE

FAIL/WINTER 1996-97. PRODUCT AND PRICING CHANGES

<u></u>	
Ovcorogy	-
THERAPEUTICS	
Network	
	THERAPEUTICS

220-060 A9 200-100 Et 200-000 Et 200-000 R0 920-110 R0 920-120 R0 920-120 R0 920-120 R0 920-130 D0 240-310 D0 840-440 A	BBLCET spar beraCys ocephin ocephin coephin custain houno/korne JOANP	Ahretamine, capsules Amphotericin B Lipid Complex Injection Assalaginase, powder BCG, Live Intervesical Cefuriaxone Sodium, powder (x 10) Cefuriaxone Sodium, powder (x 10) Cefuriaxone Sodium, powder (x 10) Cefuriaxone Sodium, powder (x 10) Cladribine, solution (1 ing/int.)	50 rrig 100 mg 10,000 tU 1 rrL 0.5 g 1 g	\$433.50 \$148.50 \$51.90 \$161.15	New	-
200-100 EN 200-000 TI 200-000 TI 200-000 TI 200-000 TI 200-100 Re 200-110 Re 200-120 Re 215-000 Le 101-000 D 240-310 D 840-440 A 840-440 A	spar heraCys ocephin ocephin ocephin estation PannoXome	Aspainginase, powder BCG, Live Intravesical Cefunasone Sodium, powder (x10) Cefunasone Sodium, powder (x10) Cefunasone Sodium, powder (x10)	10,000 IU 1 mL 0.5 g	\$\$1.90 \$161.15	<u>A</u>	
200-000 11 920-100 Re 920-110 Re 920-120 Re 215-000 Le 101-000 D 240-310 D 840-340 A	heraCys ocephin ocephin ocephin eustatin reunoXome DAVP	BCG, Live Intravesical Cebriaxone Sodium, powder (x10) Cebriaxone Sodium, powder (x10) Cebriaxone Sodium, powder (x10)	1 mL - 0.5 g	\$161.15		
920-100 Ro 920-110 Ro 920-120 Ro 215-000 Lo 101-000 D 240-310 D 840-440 A	ocephin ocephin ocephin custatin ounoXome DAVP	Cristiaxone Sodium, powder (x10) Ceftriaxone Sodium, powder (x10) Ceftriaxone Sodium, powder (x10)	- 05 g			
920-110 Ra 920-120 Ra 215-000 Le 101-000 D 240-310 D 840-440 A	ocephin ocephin ounoXome DAVP	Cefriaxone Sodium, powder (x10) Cefriaxone Sodium, powder (x10)				• .
920-120 Ra 215-000 : te 101-000 D 240-310 D 840-400 A 840-440 A	ocephio eustatin eunoXome DAVP	Cehriaxone Sodium, powder (x10)		\$21.25 : \$36.35	- <del>↑</del>	
101-000 D 240-310 D 840-400 A 840-440 A	eusialin PeunoXome IDAVP	Cladribine, solution (1 mg/m) )	<sup>2</sup> R .       ·   _	\$72.25	2	_
Z40-310 D B40-400 A B40-440 A	DAVP		10 mg	\$464.75	<b>A</b>	
840-440 A	<del></del>	Daunorubicin Liposome injection	50 mg	\$246.25	. 🛦	
840-440 A		Desmopressin Acetate 4 mcg/m2 (x 10)	1 mt	\$25.55		
	m. Regent	Dexamethasone 4 mg/ml. Dexamethasone 4 mg/ml.	5 mL	\$0.90	<b>A</b>	
	m. Regent Snecard	Descarosane for Injection	250 mg	\$2,65 \$116.60		
	Inecard	Demazorane for injection	500 mg	\$233.20	<b>1</b>	-
	axoltre	Oocetavel	20 mg	\$215.25 \$861.00		
	axotere	Docetaxel	. 80 mg			
	, georgi Leconi	Epoetin alfa Epoetin alfa	10000 units/ml	\$95.207 \$97.257		
	rocni .	Epoetinalia	10000 units/mL 20000 units/2 mL MDV	\$95,20° \$97,26° \$188,85° \$195,75°	*	
223-595. P	, nersea,	Epoetin alfa	20000 units/1 ml, MDV	\$188.85° \$195.75°	New	
	UDR	Floruridine, powder	500 mg	\$127.45		•
B40-150 R	Companion	Flumazenil, solution (0.1 mg/ml.) (x10)	05 mg MDV 1 mg MDV	\$37.45	A	
	Romanicon Adrucil	Flumazenii, sofution (0.1 mg/ml.) (x10)	SOO TO	\$60.10		
801-440 A	Adrocil	Fluorouracil, solution (50 mg/mL) (x10) Fluorouracil, solution (50 mg/mL) (x5)	500 mg 2500 mg	\$1.15 \$6.50	<u> </u>	
801-460 /	Adrucil	Hubrouracii, solution (50 mg/mL) (1 or 5)	SUOU_ING	\$8.50		
800-902	Gemzar	Gerncitabine HCI	200 mg	\$57.95		
	Gem22r Leukine Liquid	Gencitabine HCI	1 ph	\$289.75	_ <b>_</b>	
	Zoladex,	GM-CSF solution	500 mg	\$185,00 \$365.80	New	
901-510	Zoladex	Goserelin Acetate, Implant Goserelin Acetate, Implant (3-month)	16 ing syringe 10.8 mg syringe	\$1,097.50	A 2	
230-050 - 1	Havrig -	Hepatitis A Vaccine, inactivated (1440 ELU/mL)	1 dose/ vial	157.25	<u> </u>	
502-310 1	ldarnycin	idarubicin HCI, powder idarubicin HCI, powder	. 10 mg	\$504.00	- 1	٠,
902-300	ldamycin		5 mg	\$252.00	<del>_</del>	
220-100 I	Roferon-A Roferon-A	Interferon alfa 2a, solution (3 MIU/m1) Interferon alfa 2a, solution (10 MIU/m1)	3 MOU 9 MOU	\$31.50 ·	· 🛕	-
220-110	Rolemn-A"	interior alla 2a. solution (18 MIU/mL)	1B MIU	\$188.75	î	-
220-120 220-135	Roleron-A Roleron-A	Interferon alfa 2a, solution (36 MIU/mL) Interferon alfa 2a, IBMIU/mL powder	36 MU 18 MU	\$377.50 \$188.75	· 📥 ,	
	Intron A	Interferon alia 2a, IBMIL/IML powder	3 MU/DSmL	\$30,40	New.	
220-156	Iniron A	Interferon alfa Zb, solution (HSA-Free) Interferon alfa 2b, solution 6 pak (HSA-Free) Interferon alfa 2b, solution (HSA-Free)	3 MIU/0.5 m).	\$30.40	New	
220-161	Intron A	Interferon alla 2b, solution (HSA-Free)	5 MJUADSINI.	\$50.70 \$50.70	New E	10 11
220-166. 220-177	Intron A, Intron A	Interferon alfa 2b, solution 6 pak (HSA-Free) Interferon alfa 2b, solution (HSA-Free)	5 MtU/0.5 mL 10 MIU/1 mL	\$50.70 \$101.30	New New	
. 220-174 -	Intron A.	interreron alta 26, solution 6 pax (HSA-Free)	10 MIU/1 mL	\$101.30	New 1	
220-191 220-194	Intron A 👊	Interferon alfa 2b, solution (HSA-Free) Interferon alfa 2b, solution (HSA-Free)	18 MIU MDV 25 MIU MDV	\$182.4D	New	
	Intron A	Interferon alfa Zb, powder	50 MIU	\$253.15 \$506.70	New 2	
220-186	Intron A	Interferon alia 2b, powder	. 18 MU	. \$182,40		
941-105	Dedenin	Iron Dextran (100 mg/2 mL) Iron Dextran (100 mg/2 mL)		\$28.60	Correction	-
941-100	InFed		** - *	\$28.60	Catalog	_
910-110 910-100	Depo-Provera Depo-Provera	Medroxyprogesterone Acetate, soin (400 mg/ml) Medroxyprogesterone Acetate, soin (400 mg/ml)	. 10 mL 25 mL	5351.90 \$93.45	<b>.</b>	
960-300	Versed	Midazolam, solviton (1 mg/ml.), C-fV (x10)	25 mc	\$46.10		-
960-310	Versed	Midazolam, solution (5 mg/mL), C-IV (x10)	5 mg	\$101.35	🔁	-
230-130	Merck	Mumps Virus Vaccine (x 10)	1 dosevial	\$23,30	A	_
230-120	Coonaught	Mumps Skin Test (MSTA), 1 ml.	10 test package .	\$114.30	A	_
840-200	Aredia	Pamidinnate disodium, powder	30 mg	\$185.55	*	
840-260 840-290	Aredia	Pamidropate disodium, powder Pamidropate disodium, powder	60 mg - 90 mg	. \$371,15 \$556,70	<b>.</b>	
200-150	. Oncaspar	Pegaspargase 750 u/mL	5 mt	\$1,196.00	Â	-
230-300	Pneumovax 23	Pneumococcal Vaccine Polyvalent (0.5 mL/dose)	I doseMa)	· \$11.60 ·		<b>-</b> .
870-000	SmithKline	Prochlorperazine, tablets, 100/bil	10 mg	. 589.25		_
144-200	WinRho S/D	Rho D Immune Globulin Intravenous, powder	300 mg	\$136.00	A	_
202-400	Zanosar	Streptozocin, powder	1 g	\$74.00	A	
230-150	Connaught	Yelanus Toxold, USP	15 doses/via)	\$24.60		_
202-500	Thioplex	Thiotepa, powder (x 6)	15 mg	\$76.75	· À	
901-280	Hycamon	Topolecan HCI, lyoph pwd	4 mg	\$426,50		_
920-410 920-400	NeuTredo NeuTresio	Trimetrevale Cheuronate, solution (x 10)	25 mg	\$58.50 \$50.25	<b>★</b> .	
950-000	Tin Test PPD	Trimetrexate Glucuronate, solution (x 25).  Tuberculin Test, PPD multiple puncture device	25 mg 25 tests/box	\$52.50		<del></del> ' '
130-110	Tubesol	Tuberculin Test, Mantrura PPD (S.Th.) (1 m) (1	10 tests/vial	\$24.15		
- 130-120	Tubersol	Tuberculin Test, Mantoux PPD (5 TU/0.1 mt.) Tuberculin Test, Mantoux PPD (250 TU/0.1 ml.)	10 (ests/√la)	· \$56,75	. 🚡	
. 130-100	Tubersol	Tuberculin Test, Mantoux PPD (TTU/0.1 mL)	10 tests/vial	\$42.00	A	

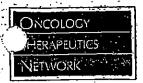
This price includes the Orice Bosech mixes for physicism afficia. 1986 forming \$10.197. "This price includes the Orice Statech state for physicism files and the Price Water states. 1986 forming \$10.197.

▲ Reflects a price increase ▼ Reflects a price decrease • Reflects a product description change

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BP 01042



NEW ARTICLE REVIEWS

## ONCOLOGY DRUG UPDATES

# IMPROVING THE CANCER CHEMOTHERAPY Use Process: Reducing Medication Errors

his article was prompted by the tragic consequences of chemotherapy dosing errors which have occurred at prominent university hospitals and cancer centers in recent years. The authors, based at Yale New Haven Hospital and Yale Cancer Center, reviewed their institutional practices and those of 123 other hospitals to determine the current processes to prevent chemotherapy errors. A multidisciplinary committee of oncologists, nurses, and pharmacists reviewed current safeguards and guidelines that had been developed at their institutions over the past 20 years and looked for opportunities to make further improvements in the prescribing, compounding, dispensing, and administration of chemotherapy. Recommendations for new "Multidisciplinary Practice Guidelines" were made by this group and published in this article. Secondly, to validate their practice guidelines and identify the current state of the art in the country, a simple five question survey was sent by facsimile to 215 members of the American Society of Clinical Oncology (ASCO). The results of this survey are summarized.

The recommended "Multidisciplinary Practice Guidelines" were broken down into two major areas: professional training for physicians, nurses, and pharmacists, and standard practice guidelines. All professionals practicing in oncology should have a baseline knowledge of cancer chemotherapy. Physicians are primarily responsible for chemotherapy prescribing and should be board-certified and/or board-eligible hematologists, or medical, pediatric, radiation, or gynecologic oncologists, or oncology fellows working under the supervision of a qualified attending physician. The guidelines recommend that physicians writing chemotherapy orders in other disciplines, such as rheumatology, should register with the pharmacy, the specific drugs, dosage ranges, indications, and published references or Institutional Review Board-(IRB) approved protocols for these treatments. Nurses should be cancer chemotherapy-certified before administering chemotherapy. This involves attending a certification

course, passing a written examination, demonstrating competency in administering chemotherapy, and attendance at yearly update sessions. Similarly, it was suggested that pharmacists should attend stalf development chemotherapy lectures, complete a written examination, demonstrate competency in sale and accurate compounding of chemotherapy, and attend yearly update sessions to remain certified.

Key points outlined in the standard practice portion of the guidelines focused on the details of chemotherapy ordering systems and required checks prior to chemotherapy administration. The authors particularly discouraged the use of verbal orders, other than for modification of an existing written order, to reduce the dose of chemotherapy. When the cumulative dose of a drug is important, the attending oncologist must be responsible for this information and documenting the current cumulative dose level before each treatment. Standard chemotherapy order forms with pre-printed standard or commonly used regimens should be used. Orders should be written using generic drug names, dosage in units per patient weight or body surface area, actual dose to be given, frequency, days of administration, and infusion guidelines. The total cumulative dose for the course of therapy should not be listed to avoid the risk of this being misinterpreted as a single dose order. An important component of this process should include communication between all disciplines so that pharmacists and nurses have access to all pertinent references and rationale for non-standard orders and all research protocols are available and familiar to the staff. Education about use of investigational, high-dose, or unusual combination chemotherapy is particularly critical for nurses, pharmacists, and physicians caring for the patient. Finally, order checking and verification procedures for both nurses and pharmacists are described in detail. Everything should be double-checked by two nurses or a nurse and pharmacist before actual administration, Ideally, cancer patients should only be treated in a dedicated oncology unit or clinic.

Continued

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## ONEOLOGY DRUG UPDATES

The results of the survey, which were completed and returned by 150 physicians, indicated that most institutions have a process in place for prevention of chemotherapy errors including 100% of comprehensive cancer centers and clinical cancer centers. The majority of the cancer centers also have dedicated units for medical, gynecologic, and pediatric cancer patients. University hospitals all had medical oncology units, 65% had gynecologic oncology units, and 74% had pediatric oncology units. Community hospitals often had medical oncology units (97%), but gynecologic and pediatric units were uncommon (21% and 13%). Order writing was rarely done by interns or residents although oncology-certified nurse practitioners in 28 of 123 hospitals wrote chemotherapy orders which were cosigned by the attending physicians. Checking was done by oncology nirrses about two thirds of the time and otherwise by staff nurses at cancer centers, university and community hospitals. Oncology pharmacists checked chemotherapy at about half of the cancer centers and university hospitals but less than a fourth of community hospitals

had oncology pharmacists to dispense chemotherapy. Recently, the Board of Pharmaceutical Specialties has recognized oncology pharmacy as a specialty, and a certification exam is in development.

In conclusion, the multidisciplinary team from Yale has proposed comprehensive, thoughtful guidelines for chemotherapy use. Responses to a brief survey of other institutions including comprehensive and clinical cancer centers, university hospitals, and community hospitals were encouraging. Most institutions have a process in place for prevention of chemotherapy entire. and many have recently reviewed those processes. Order writing and checking is generally done appropriately, although staff nurses and pharmacists without oncology training are often involved in the checking and dispensing of chemotherapy. Institutions and chemotherapy treatment clinics should work toward improving the education and certification of all nurses and pharmacists involved in the chemotherapy use process. [1.] Clin Oncol 1996;14:3148-3155.]



Continued from previous page

## Figure 1. Novartis) for Advanced Breast llowing Antiestrogen Therapy.

he FDA Oncologic Drugs Advisory Committee recommended marketing approval for the aromatase inhibitor letrozole for the treatment of advanced breast cancer in postmenopausal women who have already received antiestrogen therapy. Novartis presented results from a large, randomized trial and early results from a second study to support the use of letrozole tablets in these patients. The clinical trials randomized postmenopausal women with disease progression or relapse on antiestrogen therapy to either 2.5 mg letrozole, 0.5 mg letrozole, or comparable doses of megestrol acetate (Megace, Bristol-Myers Squibb) or aminoglutethimide (Cytadren, Novartis). The first trial showed objective response rates of 34% for 2.5 mg letrozole, 13% for 0.5 mg letrozole, and 16% for Cytadren or Megace. In the second trial, the response rates were 18%, 17%, and 11% for the 2.5 mg letrozole, 0.5 mg letrozole and the other two hormonal treatments, respectively. The higher dose of letrozole had a

consistently longer duration of response, longer time to disease progression and time to treatment failure. Survival and quality of life data trended toward the higher dose of letrozole but was not statistically significant.

Letrozole had significantly fewer serious adverse reactions particularly cardiovascular events, and weight gain greater than 5%. Mild to moderate nausea did occur with letrozole therapy. The FDA noted that a high proportion of the study patients were older (30% greater than 70 and 50% between 56 and 70 years of age) which strengthened the safety data for this agent. Remaining studies will require a one-month rest period between the termination of tamoxifen therapy and the start of letrozole or other hormonal therapies in order to address the possible effect of antiestrogen withdrawal on the results of study therapy.

[1.F-D-C Reports - The Pink Sheet December 23, 1996, 2. The Cancer Letter 1997;23:3-4.]

FDA NEW DRUG APPROVALS

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FDA NEW DRUG APPROVALS

## ONCOLOGY DRUG UPDATES

TICE® BCG (Organon Teknika Corp.) for Recurrent Papillary Bladder Carcinoma

he FDA's Opcologic Drugs Advisory Committee recommended approval for the TICE Bacillus-Calmette Guerin (BCG) vaccine for intravesical instillation to prevent recurrent bladder cancer at their December 16 meeting. TICE BCG is an attenuated, live vaccine which was approved for treatment of carcinomain situ of the bladder in 1990. The current ... recommendation is based on data from two prospective, randomized trials. The first, a South West-Oncology Group (SWOG) study compared mitomycin-C (Mutamycin, Bristol-Myers Squibb) with TICE BCG in 447 eligible patients with transitional cell carcinoma (TCC) or Ta/T1 bladder tumors. The recurrence rate for patients receiving TICE BCG was 40.3% versus 54.3% for those taking mitomycin-C. Median time to recurrence was 44 months on the TICE BCG arm and 22 months on the mitomycin-Carm of the study. The study found that those patients with Ta/T1 tumors also had a lower rate of recurrence with BCG (52% vs 60%) and the time to recurrence was longer for the BCG arm (36 months vs 1,3 months), although this did not reach statistical significance. The TICE BCG was associated with more side effects than mitomycin-C(82% vs 69%) including dysuria, fever, malaise, and cystitis.

The second trial, the Nijemegen study, was conducted in the Netherlands and compared three

treatment arms: TICE BCG, BCG-RIVM, and mitomycin-C. The dose of mitomycin-C was lower in the Nijemegen study and fewer patients had Ta/Ti bladder tumors. This trial did not include any maintenance therapy for the BCG patients either. The FDA advisory committee found that the Nijemegen study did not support the use of TICE BCG for Ta/T1 tumors. Results of the Nijemegen study in 469 patients showed that 44% of the TICE BCG patients recurred compared to 29% of the mitomycin-C patients.

The recommended labeling for TICE BCG does not include prophylaxis of Ta/T1 bladder tumors based on lack of proven benefit in these tumors. The FDA also requested labeling to address the risk of infection with intravesicular BCG administration since deaths have been reported as a result of systemic BCG infection and sepsis. Organon agreed to identify reference infectious disease centers so that physicians would have access to quick assistance in the event of a systemic tuberculosis infection. The label will also include a warning that BCG should not be mixed under the same hood as chemotherapeutic agents. [1, F-D-C Reports - The Pink Sheet. December 23, 1996. 2. The Cancer Letter 1997;23:1;1-3.]



Look Good ... Feel Better.

ook Cood\_feel Better was created to help female cancer patients combat the dramatic, outward effects of their treatments. The program is rooted in the theory that if a woman with cancercan be helped to look better, then her self-esteen with improve. As a result, she'll be able to approach fer disease and treatment—and ultimately, her kiture—with more confidence. For some participants, Look Cood\_Feel Better is a means of taking care of the outside, while their medical treatments take care of the inside.

The program was founded and developed in 1989 by the Cosmetic,
Toiletry, and Fragrance Association (CTFA) Foundation, the chantable arm of the CTFA, the trade association of the cosmetics industry, and is offered through a partnership of the CTFA Foundation, the

American Cancer Society (ACS), and National Cosmetology Association. It is administered by a network of thousands of program volunteers nationwide.

Look Good...Feel Better also has two sister programs through which they can extend the help they are providing to cancer patients. The first, Luzca Bien... Sientese Mejor, is a Spanish version of the program and is currently available in six markets. The second, Look Good...Feel Better for Teens is newly introduced and is available in six markets. For 1997, the program has expanded to facilities in an additional six markets.

To find out more about Look Good...Feel Better, call 1-800-395-LOOK

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## REIMBURSEMENT

## AVERAGE WHOLESALE PRICES AND 1997 HCPCS CODES

s a reimbursement resource, the average wholesale prices (AWPs) and HCPCS codes are listed for drugs commonly used in cancer treatment. Products are listed alphabetically by their generic mame. The AWPs are obtained from the 1996 Red Book and the February 1997 Red Book

Update. For drugs that have multiple manufacturers, the AWP for the product that the Network most commonly stocks is listed. For ease of use, we list the AWP information in the first three columns and the billing code and units in the right two columns.

PRODUCT.	VIAL Size	NDC	FEBRUARY AWP/MAL	'97 HCPCS CODE '	BILLING . UNITS
Profestin® Aldesleukin, pwd (Interleukin-2)	22 MIU	53905-0991-01	415.00	<u> 19015</u>	er 22 MIU
Ethyol Amilostine	500 mg	17314-3123-01	312.00	<u> 33490'</u>	
Fungizone® Amphotericin B.Oral Suspension	24_mL	00087-1162-10	26.25	<u> 19999*/)34</u>	90'
Blenoxare* Bleomycin sulfate, pwd	15 unils 30 unils	00015-3010-20 00015-3063-01	304.60 609.20	)9040 )9040	per 15 units per 15 units
Paraplatin <sup>a</sup> Carboplatin, pwd	50 mg 150 mg 450 mg	00015-3213-30 00015-3214-30 00015-3215-30	88.59 265.71 797.15	19045 19045 19045	per 50 mg per 50 mg per 50 mg
BiONU® Camustine, pwd w/diluent	100 mg	00015-3012-3B	88.94	<u> 19050</u>	per 100 mg
Tagamet* Cimelidine HCI, sol (150 mg/mL)	300 mg .	00108-5017-16	3,96	<u> 19999*/13</u>	490'
PlatinoP-AQ Cisplatin, sol (1 mg/mL)	50 mg MDV . 100 mg MDV	00015-3220-22 00015-3221-22	184.84 369.65	)9062 )9062	per 50 mg per 50 mg
(eustatin* • Cladribine, sol (1 mg/ml)	10 mg	59676-0201-01	496,80	<u> 19065</u>	per i mg
Lyophilized Cytoxan Cyclophosphamide, lyophilized	100 mg 200 mg 500 mg 1 g 2 g	00015-0539-41 00015-0546-41 00015-0547-41 00015-0548-41 00015-0549-41	6.45 12.25 25.71 51.43 102.89	19093 19094 19095 19096 19097	per 100 mg . per 200 mg per 500 mg . per 1 g per 2 g
Cytoxan <sup>®</sup> Tablets Cyclophosphamide, tablets, 25 mg Cyclophosphamide, tablets, 50 mg Cyclophosphamide, tablets, 50 mg	100 per bottle 100 per bottle 1,000 per bottle	00015-0503-01	173.23 317.91 3,027.90	)8530 )8530 <u>)8530</u>	25 mg 25 mg 25 mg
Cytarabine, pwd	100 mg 100 mg 500 mg 500 mg 1 g	00364-2467-53 55390-0131-10 00364-2468-54 55390-0132-10 55390-0133-01 55390-0134-01	25.00 50.00	)9100 )9100  9110  9110  9110	per 100 mg per 100 mg per 500 mg per 500 mg per 500 mg per 500 mg
Dacarbazine, pwd	2 g 100 mg 200 mg	00026-8151-10 00026-8151-20	13.83	9130 19140	per 100 mg per 200 mg
Daunotiome*  Daunoubicin citrale liposome ini. (1 m	-	56146-0301-01		)9999	//3490*
Ceribidine Daunorubicin HCl, pwd	20 mg	55390-0281-10	168.50	<u> 19150</u>	per 10 mg
DDAYF*  Desmoplessin Acetale, sol (4 mcg/m)  Dexamethasone, sol (10 mg/ml)  Dexamethasone, sol (4 mg/ml)	100 mg MU 30 mg MD	14 MO11-17W-E	4 12.00 5 2.19	<u>j2597</u> 11100 11100	up to 4 mg/mL boto 4 mg/mL
Zinecardina  * Dextrazoxane for injection	120 mg MU 250 mg	00517-4930-2 00013-8715-6 00013-8725-8	2 141.10		) per 250 mg
• Diazepam, sol (5.mg/mL)	500 mg 10 mg 50 mg	00364-0825-4 00364-0825-1	48 3.60	336	0 up to 5 mg 0 up to 5 mg
Diphenhydramine HCl, sol (10 mg/s     Diphenhydramine HCl, sol (50 mg/s)	mL) 300 mg	00364-6530-	56 7.51 54 10.00	1120 1120	10 up to 50 m)

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ROPUCT	VIAL SIZE	NDC	HERUARY AWP/VIAL	'97 HCPCS 1 CODE	BILING UNITS
notere Docetaxel for injection	20 mg 80 mg	00075-8001-20 00075-8001-80	257.92 1,031.68	9999° 9999°	·
uber Doxorubicin, pwd	50 mg 100 mg	00015-3352-22 00015-3353-22	197.15 394.29		per 10 mg per 10 mg
edford Laboratories Downubicm, pwd	10 mg	55390-0231-10	45.08	19000	per 10 mg
Downsorch, pro	20 mg 50 mg	55390-0232-10 55390-0233-01	90.16 225:40	19000 19000	per 10 mg per 10 mg
Doxorubicin, sol (2 mg/ml)	. 10 me	55390-0235-10	47.35	)900 <b>0</b> )9000	per 10 mg per 10 mg
	20 mg 50 mg	55390-0236-10 . 55390-0237-01	94.70 236.74	9000	per 10 mg
<u> </u>	200 mg MDV	55390-0238-01	945.98	9000	per 10 mg
Adriamycin <sup>tal</sup> Doxohubicin, RDF pwd	10 mg	00013-1086-91	46.00	)9000 - )9000	per 10 mg
	20 mě -	00013-1096-94 00013-1106-79	92.00 230.00	IGANO	per 10 mg per 10 mg
•	50 mg 150 mg MDV	00013-1116-83	676.19	19000	per 10 mg
Doxorubicin, pls sol (2 mg/ml.)	10 mg 20 mg	00013-1136-91 .00013-1146-94	48_31 96.63	j9000 j9000	per 10 mg per 10 mg
•	SO me	00013-1146-94 00013-1156-79	241.56	]9000	per 10 mg per 10 mg
•	75 mg 200 mg MADV	00013-1176-87 00013-1166-83_	362.35 . 946.94	19000 19000	per 10 mg
DOXIL® Doxorubicin, HCl liposome inj. (2m)		61471-0295-12	606.25	J9999*	· · · · · · · ·
Procrit			24.00	Q0136 <sup>1</sup>	zfinu 000,1
	2,000 units/ ml. 3,000 units/ ml.	59676-0302-01 59676-0303-01	36.00	. 00136' 00136'	1,000 units
	1,000 units/ mL	59676-0304-01	48.00 117.96	O0136	1,000 units 1,000 units
• !!	0,000 units/ mL 0.000 units/ 2 mL MD	59676-0310-01 V . 59676-0312-01	235.92	Q0136	1,000 unic
	0,000 units/ 2 mL MD 0,000 units/ 1 mL MD	V 59676-0312-01	235.92	Q0136'	1,000 units
VePesid* Capsules Bioposide, capsules, 50 mg VePesid* For Injection	20 per bóx	00015-3091-45	•	JB560 <sup>.</sup>	. 50 mg
Doposide, injection (20 mg/ml)	100 mg MD\ 150 mg MD\	00015-3095-20 00015-3084-20 00015-3061-20	136.49 204.74	j9182 - j9182	per 100 mg per 100 mg
-	500 mg MD)	00015-3061-20	. 665.38	19182 19182	per 100 mg
Etopophos	- 1 gm MD\	/ 00015-3062-20	1,296.64		DEF TOO ING
Eloposide phosphate for injection  Hudara®	10 <del>0</del> mg	00015-3404-20	124.14	<u>19999</u> °	
Fludarabine phosphate, pwd	50 mg	50419-0511-0		<u> 19185</u>	per 50 mg
Fhorouracil, sol (50 mg/ml.)	500 mg 2,500 mg	39769-0012-10 00013-1046-9		91 <del>9</del> 0  9190 -	per 500 mg per 500 mg
·	5,000 mg	39769-0012-9		<u> 9190</u>	per 5 <u>00 m</u> g
Neupogen* G-CSF (Filgrastim), sol (0.3 mg/ml	300 mcg 480 mcg	55513-0347-1 55513-034 <u>8-</u> 1		)1440 )1441	per 300 mcg per 480 mcg
Gemzar				19999*	
Gemoitabine HCl     Gemoitabine HCl	200 mg	00002-7501-0 00002-7502-0		<u>199999°</u>	
Leukine®	ed 250 mcg	58406-0002-3	3 . 11 <i>7.7</i> 9	12820	. per 50 mc
GM-CSF (Sargramostim), lyophiliz	500 mcg	58406-0001-3	<u>5 221.71</u>	<u>)2820</u>	per 50 mc
Goserelin acetate, implant	3.6 ring syr 10.8 mg syr	inge 00310-0960-3 inge 00310-0961-3		<del>)</del> 9202 <u>)</u> 9202	per 3.6 m per 3.6 m
Kytni <sup>a</sup> Granisetron HCl, sol (1 mg/mt)	) mL	00029-4149-	01 173. <u>9</u> 5	<u>]1625</u>	per 1 m
· lex* • losfamide	1 g	00015-0556		1920B 19208	per I
· •	3 <u>ĕ</u>	00015-0557	-41 359.55	- :	
liex*/Mesnex** Hostamide (10 x 1 g)/mesna (10 :	x 1 g MDV) Combo-P	ack 00015-3554- ack 00015-3564	-27 2,004.70	<u>19208</u>	/)920 <del>9</del> //9200
Hosfamide (10 x 1 g)/mesna (10 : Hosfamide (2 x 3 g)/mesna (6 x 1 Hosfamide (5 x 1 g)/mesna (6 x 1	gMDV) Combo-P	rack 00015-3564 rack 00015-3556	15 1,202,75 -26 829.63		/19209 /19209
Venopiohelin i				-	
Immune globulin intravenous, 5% p	nwd w/IV set 2.5 g 5 g 10 g	49669-1602 49669-1603		;	inerSMPr
	) K	7,700,7-100.	OT 608.20	11561	per 500 r

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REIMBURSEMENT					1010
PRODUCT	VIAL SIZE	NDC	FEBRUARY AWP/VIAL		TING L
Venoglobulin S Immergebulining average, 5% selvyl V set	25 g - 5 g 10 g	49669-1612-01 49669-1613-01 49669-1614-01	225.00 450.00 900.00	11561 per	500 mg 500 mg 500 mg
Venoglobulin 5 (continued) transme globulin intravenous, 10% sol w/IV set	5 g 10 g 20 g	49669-1622-01 49569-1623-01 49669-1624-01	475.00 950.00 1,900.00	11562 11562 11562	per 5 g per 5 g per 5 g
hmuregoniminaerous, 10% solwiV sa	1 g 5 g 10 g	00192-0649-12 00192-0649-20 00192-0649-71	75.00 375.00 750.00	11561 pe 11562 11562 11562	r 500 mg per 5 g per 5 g per 5 g
hmregobiinivaeux5%10%wf/sd	20 g 25 g 5 g 10 g	00192-0649-24 52769-0471-72 52769-0471-75 52769-0471-86	) 560.GD	[156] or [1562 [156] or [1562 [156] or [1562 [156] or [1562 [156]	
Rho D immune globulin mitravenous	300 mcg	60492-0082-0			
Indon's A security of the secu	3 MIU 3 MIUPAK 5 MIU 5 MIUPAK 10 MIUPAK 18 MIUMD 25 MIUMD 18 MIUMD 50 MIUMD 50 MIUMD	00085-1191-0 - 00085-1191-0 - 00085-1179-0 - 00085-1168-0 - 00085-1168-0 - 00085-1110-0 - 00085-1110-0	33.92 1 56.52 2 56.52 1 113.04 2 113.04 11 203.47 11 203.47 11 203.47	10714	per I MIU per I MIU
Referon A Interferon alia 2a, pwd w/3 mt diluent Interferon alia 2a, sol (3 MIU/mt) Interferon alia 2a, sol (10 MIU/mt) Interferon alia 2a, sol (6 MIU/mt) Interferon alia 2a, sol (6 MIU/mt)	18 MIU 3 MIU 9 MIU 18 MIU 36 MIU	00004-1993- 00004-1987- 00004-2010- 00004-1988- 00004-2005	.09 32.94 .09 92.76 .09 197.55	J9213 J9213 J9213 J9213 J9213	per 3 MIU per 3 MIU per 3 MIU per 3 MIU per 3 MIU
Camptosar® hinotecan HCl injection, CPT-11 (20 mg/r	nL) <u>5 mL</u>	00009-7529		<u>}9999*</u> 10640	per 50 mg
Leucovorin, pwd	50 mg 50 mg 100 mg 100 mg 200 mg 350 mg	55390-0051 58406-0621 55390-0052 58406-0622 55390-005 58406-062	1-05 21.53 2-10 35.00 2-06 39.41 3-01 78.00	10640 10640 10640 10640 10640	per 50 mg per 50 mg per 50 mg per 50 mg per 50 mg
Lupron* Leuprolide acetate depot, susp. (7.5 mg/m	44.9 1116	00300-362 00300-333	6-01 <u>1,546:89</u>		per 7.5 mg per 7.5 mg per 2 mg
lorazepam, sol (2 mg/ml) lorazepam, sol (2 mg/ml) lorazepam, sol (4 mg/ml) lorazepam, sol (2 mg/ml), w/ syringe	2 mg M 20 mg M 40 mg M	10.4 00000-030	11-01 107.00 70-01 133.74 31-02 12.67	)2060 )2060 <u>)2060</u> <u>]2150</u>	per 2 mg per 2 mg per 2 mg per 50 mL
Mannilol, 25% sol Mechlorethamine HCl, pwd	10 mg	00006-77	53-31 10.10	<u> 19230</u>	per 10 mg
Megace* Megastrol acetate, tablets, 20 mg Megastrol acetate, tablets, 40 mg	100 per 100 per 250 per 500 per	bottle 00015-05 bottle 00015-05	96-41 134.9 196-46 330.6 196-45 647.8	6 8 18	
Megace* Oral Suspension  • Megasirol acetale, oral suspension	. 8 fi o:				per 50 mg
Melphalan hydrochloride, pwd Melphalan hydrochloride, lablets, 2			045-35 84.	77 18600	Z mg
Mesner Mesna, sol (100 mg/mL)	1 g M			<u>70  9209</u> 78  9250	per 5 mg
Methotrexate, pwd  Methotrexate, pres. free sol (25 mg	200 mg	58406-0 55390-0 55390-0 55390-1	671-05 61. 0031-10 6 0032-10 8 0033-10 17		bet 20 mg bet 20 mg bet 20 mg
Methotrexale, sol w/pres. (25 mg/r		p 58406-	0681-14	75 9260	per 50 mg
Methotrexate, tablets, 2.5 mg	100 pc	8 S8406- er bottle 00555- er bottle 00555-	0572-02 36 0572-35 13	).48  926 2.95  861 0.05  861	) 25 mg ) 25 mg
Metoclopramide, sol w/pres. (5 mg/ Metoclopramide, pres. free sol (5 m	mL) 2 m	L 39769- ng 00013-	0066-02 -6116-95	2.35 1276 B.73 1276 3.54 1276	5 upto lump

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REIMBURSEMENT					
PRODUCT	VIAL SIZE	NDC	HERUARY AWP/VIAL	'97 HCPCS CODE	BILLING UNITS
Mutanycia <sup>n</sup> Mitomycin, pwd	5 mg 20 mg 40 mg	00015-3001-20 00015-3002-20 00015-3059-20	134.11 452.91 1915.09	)9280 19290 19291	per 5 mg per 20 mg per 40 mg
Novantrone Mitoxantrone, sol 12 mg/ml]	20 mg MDV 25 mg MDV 30 mg MDV	SB406-0640-03 SB406-0640-05 SB406-0640-07	720.04 900.03 1,080.05	19293 19293 19293	per S mg per S mg per S mg
Zofran <sup>a</sup> Ondansetron HCl, sol (2 mg/ml) Ondansetron HCl, sol (2 mg/ml) Ondansetron HCl, sol presied (12 mg/s) nl. 05	40 mg MOV 4-mg W 32 mg bag	00173-0442-00 00173-0442-02 00173-0461-00	244.43 24.45 206.41	12405 12405 12405	per 1 mg per 1 mg per 1 mg
Sandostatio* Octreolide Acetate, sol (50 mcg/mL) Octreolide Acetate, sol (100 mcg/mL) Octreolide Acetate, sol (500 mcg/mL)	50 mcg amp 100 mcg amp 500 mcg amp	00078-0180-03 00078-0181-03 00078-0182-03	5.21 954 43.62	9999°/ 3  9999°/ 3  9999 <u>°/</u>  3	490' 490' 490'
TAXOL® Paclitaxel, semi-synthetic	30 mg	00015-3475-27 00015-3476-27	182.53 608.76	19265 19265	per 30 mg per 30 mg
Pamidronate disodium, pwd	30 mg 60 mg 90 mg	00083-2601-04 00083-2606-01 00083-2609-01	199.28 398.58 597.84	72430 72430 72430	per 30 m per 30 m per 30 m
Nipeni <sup>to</sup> Pentostatin, pwd	• 10 mg	00071-4243-01	1,440.00	. <u>†</u> 9268	per 10 m
Prochlomerazine, sol (5 mg/mL) Prochlomerazine, tablets, 10 mg	10 rng. 50 mg MDV 100 per box	00364-2231-48 00364-2231-54 00007-3367-20	2.64 13.00 94.50	10780 10780	up to 10 m up to 10 m
Zantac <sup>a</sup> Ranitidine, sof (50 mg/2 ml)	2 mL	00173-0362-38	3.99	19999°/ <u>]3490°.</u>	
Streptozocin, pwd	1 g	00009-0844-01	68.84	<u> 19320</u>	per 1
Vumon* Teniposide, 50 mg	.5 ml. amp	00015-3075-19	168.18	<u> 199999</u>	per 50 n
Thioplex* • Thiotepa, pwd	15 mg	58406-0661-02	83.94	<u>19340</u>	per 15 n
Hycamtin <sup>na</sup> Topotecan HCl lyoph pwd	4 mg	00007-4201-05	509,44	<u>19999*</u>	
V • Transpersion disconnection and	. 25 m <u>g.</u> 30s	ea. 58178-0020-10 ea. 58178-0020-50	608.40 2.610.00	33305 133 <b>05</b>	per 25 r
Urokinase, sol (5,000 IU/mL)	5,000 IU 9,000 IU	. 00074-6111-01 00074-6145-02	53.64 93.54	J3364 J3364_	per 5,000 per 5,000
Vinblastine sulfate, pwd	10 mg 10 mg 10 mg	55390-0091-10 00364-2447-54 00469-2780-30	21.25 37.50 43.23	19360 - 19360 19360	per 1 per 1 per 1
Vinclistine sulfate, sol (1 mg/mU Vinclistine, preservative free sol (1 mg/mU		· 00013-7456-86 61703-0309-06 00013-7466-86 61703-0309-16	37.08 31.75 74.13 38.25	19370 19370 19375 19375	per 1 per 1 per 2 per 2
NAVELBINE® Vinorelbine tarrate, soi (10 mg/ml.)	1 mL 5 mJ	. 00173-0656-01 00173-0656-4		J9390 J9390	

or his Primitive with the has changed or have discovered to calor.

The drug code 19979 is defined as "not otherwise classified, antincoplastic drug." The Health Care Financing Administration (HCFA) has not assigned specific codes to these drugs.

‡ Q0136 is the code for non-ESRD (End Stage Renal Disease) use.

## UPCOMING CONVENTIONS

on't miss this excellent opportunity to meet your OTN representative! OTN will attend the ONS convention in New Orleans and will exhibit at AOHA in San Diego and ASCO in Denver. Contact your account representative to arrange a meeting with one of the OTN representatives attending the conventions, OR stop by our booth at AOHA and ASCO. Hope to see you there!

Administrators in Oncology/Hematology Assembly (AOHA) April 7-9, 1997 San Diego, CA Oncology Nursing Society (ONS) May 1-4, 1997 New Orleans, LA American Society of Clinical Oncology (ASCO) May 17-20, 1997 Denver, CO ORESS RRECTION QUESTED



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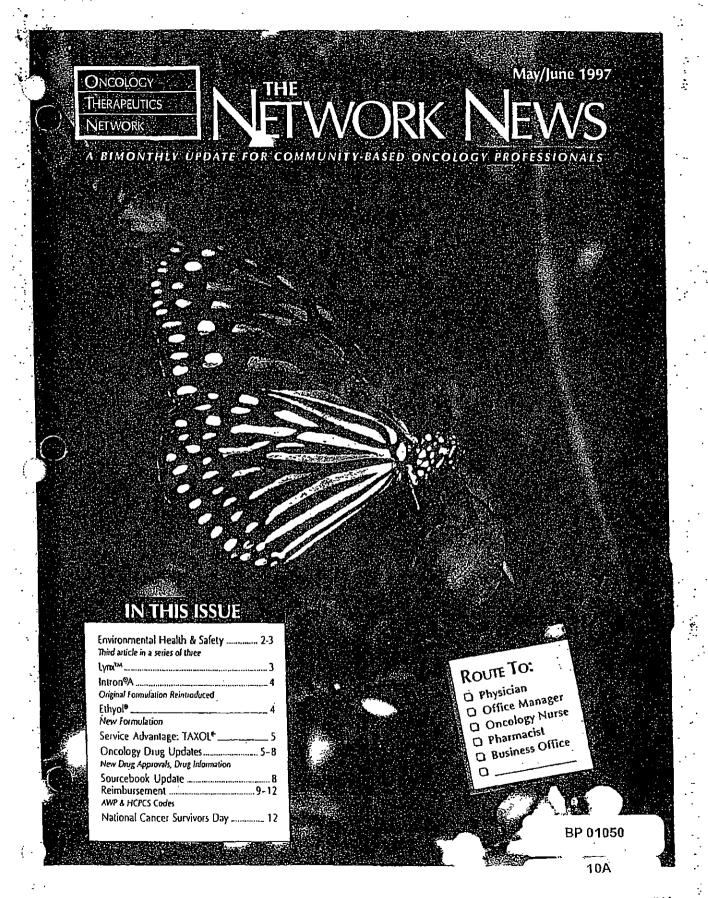
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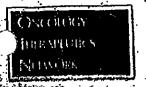
ADDRESS CORRECTION REQUESTED

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t The drug code 13490 is defined as "unclassified drug." These drugs may or may not be defined as an unclassified drug in your area. Consult your local carrier for the appropriate code.

<sup>+</sup> The Health Care Financing Administration (HCFA) has notified Glaso Wellcome that a separate [Code will not be issued for the Zolian 32 mg presided bag, 12405 should be used for all formulations of Zolian.





# HEALTH AND SAFETY ADVICE ON HANDLING ONCOLOGY PRODUCTS

THIRD IN A SERIES OF THREE

acology Therapeutics Network (OTN) is committed to providing information on the safe handling of the products we self. As an added value to our customers, OTN will address health and safety issues in this and future publications of The Network News. This is the third article in a three-part series highlighting key information outlined in the Occupational Safety and Health Administration's (OSHA's) Controlling Occupational Exposure to Hazardous Drugs.\(^1\) This article will discuss drug administration and spill management issues.

When administering hazardous or investigational drugs, health care workers should wear . gowns, latex gloves, and chemical splash goggles. The potential toxic effects of investigational drugs should be evaluated prior to introducing the drug. into the workplace.) If there is a potential for splashes, sprays, or exposure to aerosol fumes, ANSI-approved chemical-barrier face and eye protection must be provided and used in accordance with OSHA's Personal Protective Equipment Standard. When administering aerosolized drugs, a NIOSH-approved respirator should be worn. If a respirator is to be used with eye and face protection, the individual should use either a respirator with a full face piece, a face shield or splash goggles that comply with ANSI standards when using a respirator of less than full face piece design.

An administration kit may be helpful in the administration of hazardous drugs. A kit should include: personal protective equipment, gauze (4" x.4") for clean up, alcohol wipes, disposable plastic-backed absorbent liner, puncture-resistant container (Sharps container) for needles and syringes, a thick sealable plastic bag (with warning label), and accessory warning labels. Material Safety Data Sheets, spill, and emergency skin and eye decontamination equipment should also be available where drug administration occurs.

Health care workers handling hazardous drugs should become very familiar with safe work practices. Hands should be washed before and after wearing gloves; immediately change gloves

or gowns if they become contaminated. When administration is provided via infusion sets or numps. IV tubing, connection sites should be taped. In case of leakage, plastic-backed absorbent pads should be placed under tubing and sterile gauze should be placed around any push sites. IV sets should be primed in a biological safety cabinet (BSC). The line could be primed with a non-drug-containing solution, or a backflow closed system used if the system is primed at the place of administration. IV containers with venting tubes should not be used. Sterile gauze should be used to keep syringes, IV bottles and bags, and pumps wiped clean of any drug contamination. Place contaminated needles and syringes into a Sharps container (do not crush or dip needles or syringes) and place in a hazardous drug disposal bag. Dispose of the administration set intact as well as the protective equipment when leaving the patient area.

The administration of aerosolized hazardous drugs requires special engineering controls. Isolation (i.e., treatment rooms) and local exhaust ventilation have been used to prevent exposure to health care workers and others in the vicinity.

Incidental spills and breakages of hazardous drugs should be cleaned up immediately, and emergency procedures to cover such accidents should be part of a facility's overall health and safety program. The area should be identified with a warning sign and access limited to properly protected and trained persons. Documentation on the spill and those exposed should be filed in an incident report.

Contamination of protective equipment, clothing, or skin should be treated by immediately removing the gloves or gown, and cleansing affected skin with soap and water. Eye contact should be treated by flooding the affected eye at an eyewash fountain or with water or isotonic eyewash designated for that purpose for at least 15 minutes. Obtain medical attention and document the exposure in the employee's medical record.

See HEALTH & SAFETY, next page

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The articles in this newsletter are not intended to serve as rules and posicies for medical practice. Primary references should be consulted. The reader is encouraged to review the manufacturer's package insert where applicable.

Comments and suggestions are welcome. Address them to: Mary Walsh, Editor, The Network News; Oncology Therapeutics Network, 395 Opster Point Bhd. Suitz 405; South San Francisco, CA 94080.



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